spitallimmattal

Bariatrie aktuell:

Indikation
Nutzen
Nachsorge

Dr. Thomas Köstler

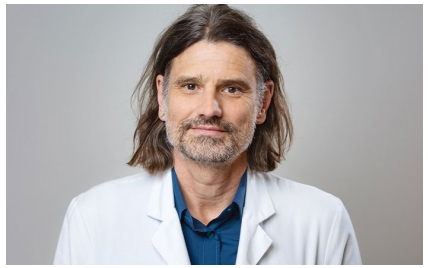
FMH Chirurgie, Spez Allgemeine Chirurgie und Traumatologie und Viszeralchirurgie

Leiter Adipositaszentrum Limmattal

Adipositas Zentrum Limmattal

Kompetenzzentrum für Ernaerungspsychologie KEP

2x FMH **Chirurgen**
1x Follow


Dr Köstler


Dr Mattiello

Team


Frau Turin

1x **Psychologe,** 1x **Psychiater**

3x **Sekretariat**

2x **Adipologen**

4x FMH **Internisten** und Ernaehrungsmedizin


Dr Hübenthal


Dr Jörger

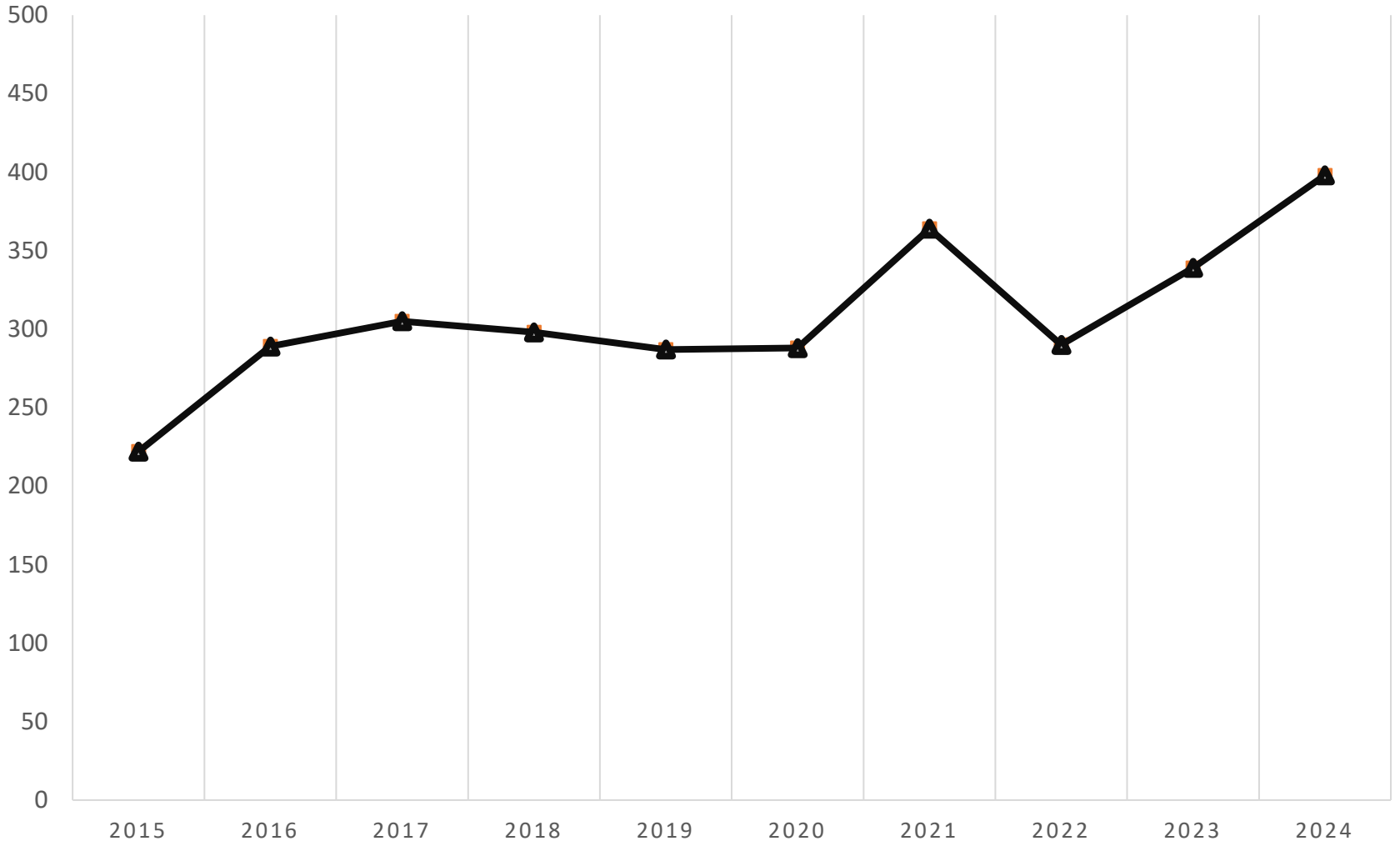

Dr Stanisic


Dr Ministrini


Frau Bosshard


Frau Koch

DIE LETZTEN 10 JAHRE….



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[Qualitätsindikatoren Fallzahl]

E.8.1.M Bariatrische Chirurgie

Fallzahlen für 2023

Spital	Kanton	Anzahl Fälle
Spital Limmattal	ZH	250
Solothurner Spitäler AG	SO	180
Kantonsspital St. Gallen	SG	160
Hirslanden Klinik Stephanshorn	SG	155
St. Claraspital	BS	150
Hirslanden Bern AG	BE	150
Lindenhofgruppe AG	BE	133
Spital Männedorf AG › Kommentar	ZH	132
Hôpital Riviera-Chablais Vaud-Valais	VD	127
Gruppo ospedaliero Moncucco Clinica Moncucco	TI	127

Z.4.16.F Spezialisierte Bariatrische Chirurgie (IVHSM)

Fallzahlen für 2023

Spital	Kanton	Anzahl Fälle
Spital Limmattal	ZH	121
Hirslanden Bern AG	BE	104
St. Claraspital	BS	86
Kantonsspital St. Gallen	SG	74
Lindenhofgruppe AG	BE	68
Universitätsspital Zürich	ZH	57
LUKS Spitalbetriebe AG	LU	56
Insel Gruppe AG (universitär)	BE	55
Solothurner Spitäler AG	SO	54
Gruppo ospedaliero Moncucco Clinica Moncucco	TI	51

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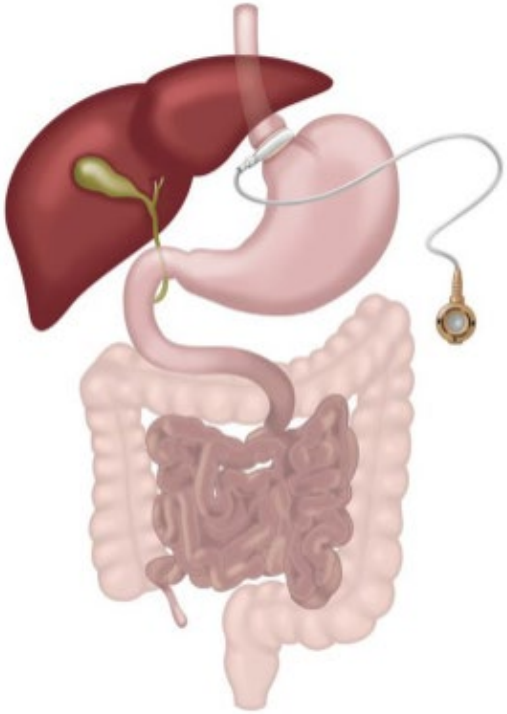
Welcher Patient eignet sich für welchen Eingriff?

Aktueller Standard? (Gibt es einen Standard?)

Langzeitresultate

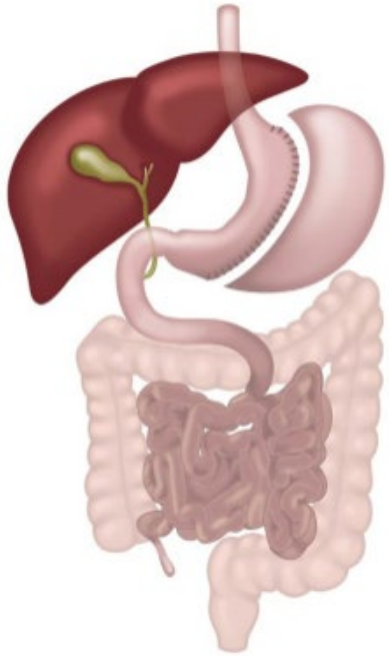
spitallimmattal

Magenband



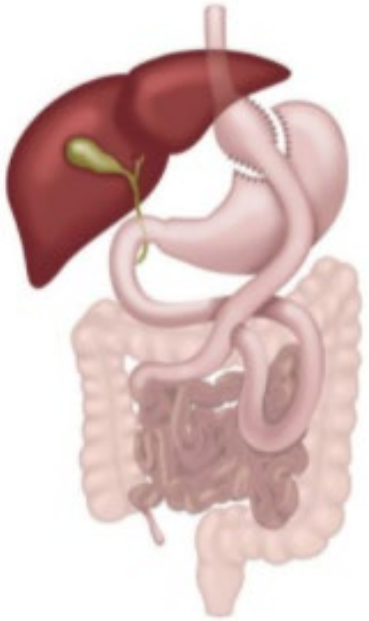
Magenband
© Spital Limmattal

Schlauchmagen (Gastric Sleeve)



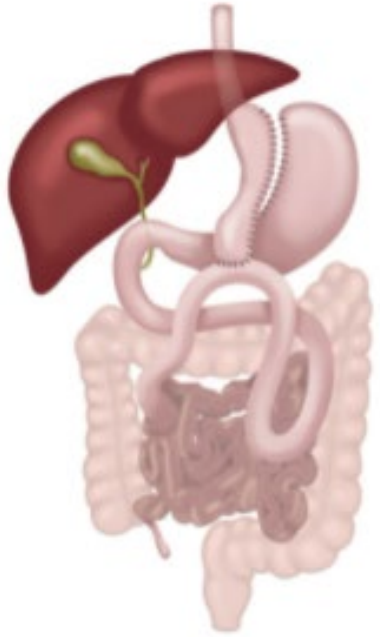
Schlauchmagen
© Spital Limmattal

RY-Magenbypass



Roux-en-Y-Magenbypass
© Spital Limmattal

OMEGA Magenbypass



Omega Magenbypass
© Spital Limmattal

Operationsdauer: 40-90 Minuten
Spitalaufenthalt Ø3Tage

Immer minimalinvasiv

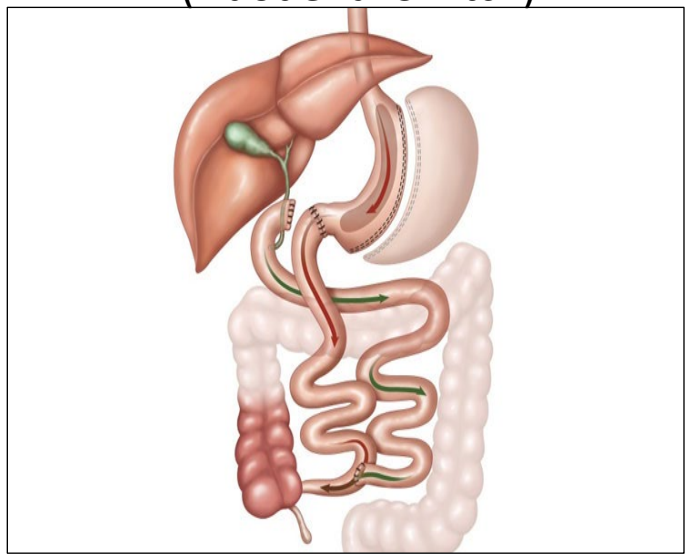
Sofortige Kostaufbau
Lebenslange Nachbetreuung

Bypass- Verfahren

1. Y-Bypass

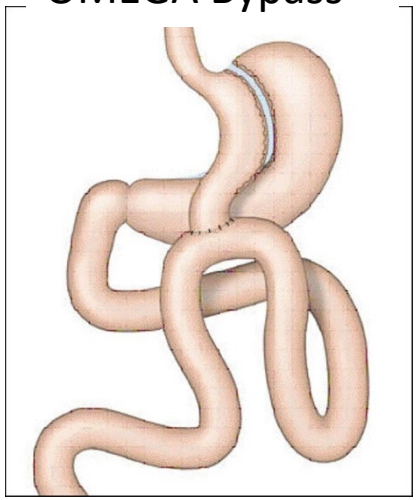
Präpylorische-GE

Postpylorische-GE
(Duodenal Switch)

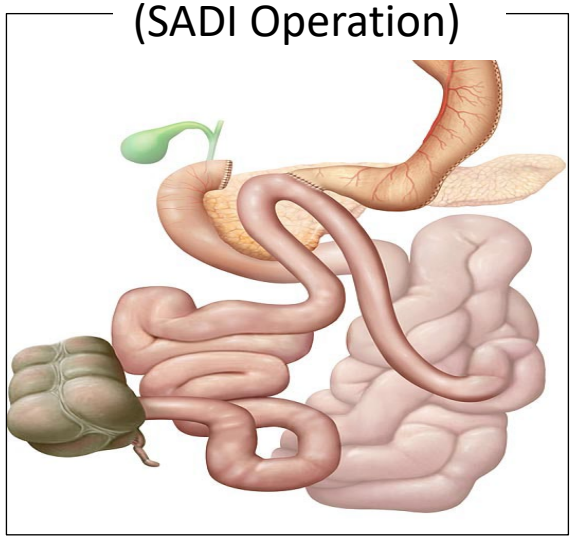


2. Singel-Anastomosis-Bypass

Präpylorische-GE
OMEGA Bypass



Postpylorische-GE
(SADI Operation)

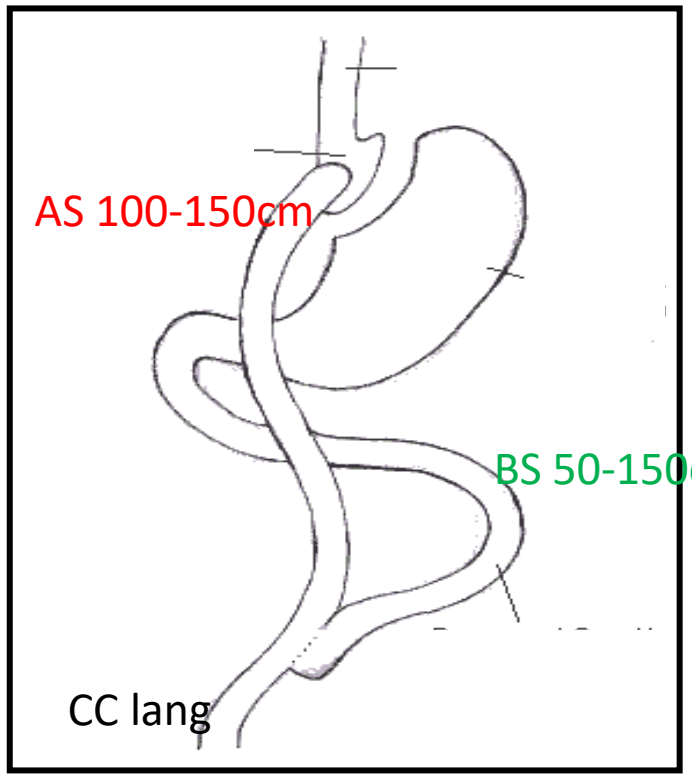


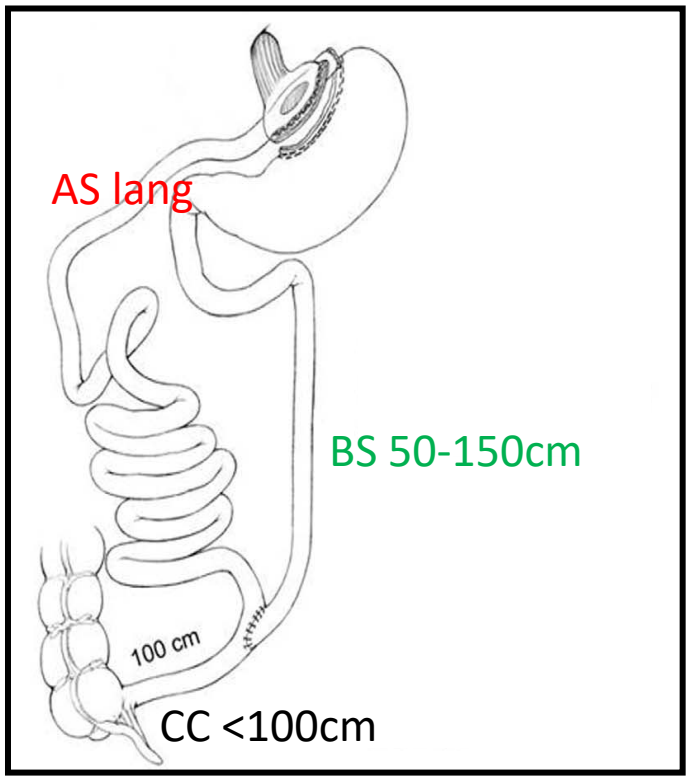
Proximaler RY-Magenbypass

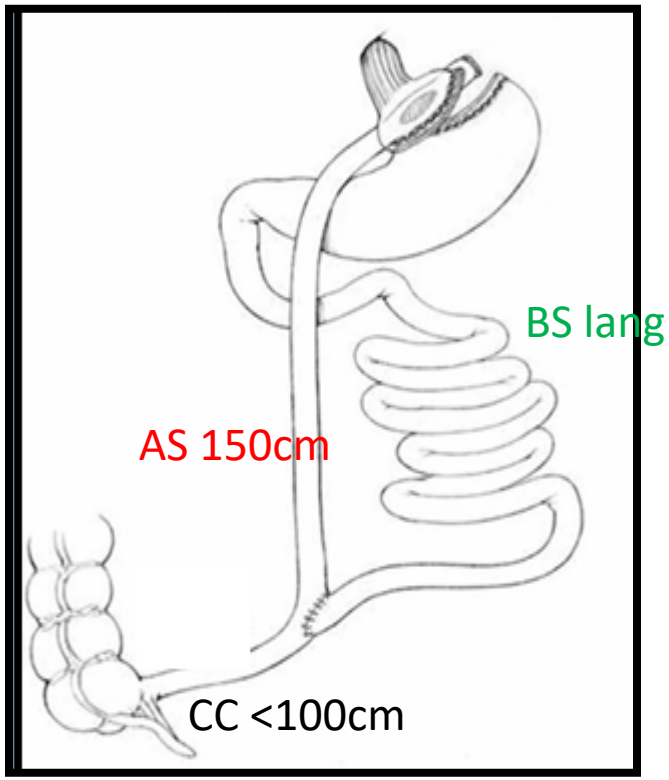
Distaler RY-Magenbypass

"VVLL" Magenbypass

Biliopankreatischer Magenbypass

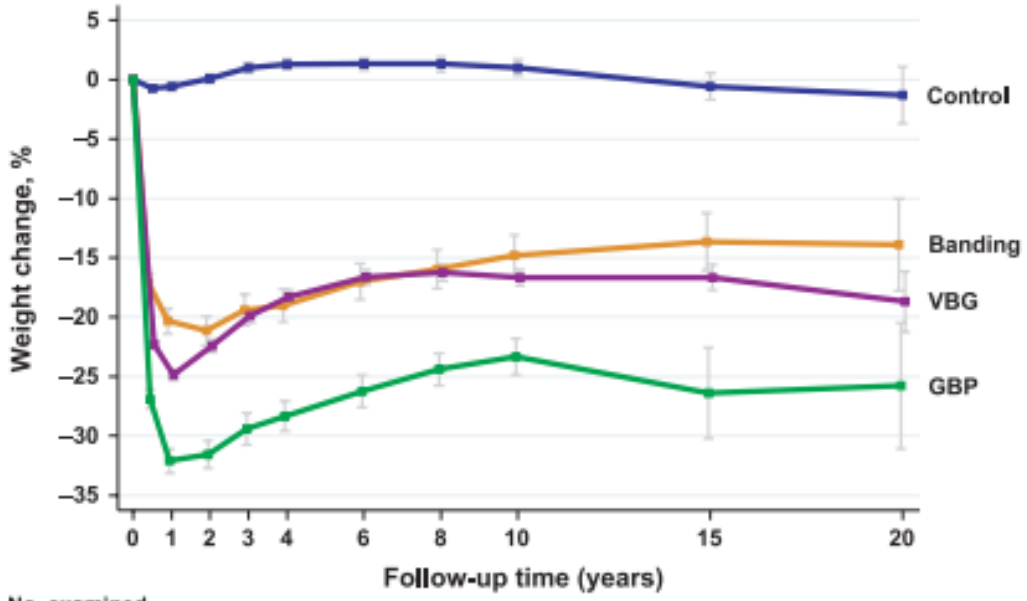






Langzeitresultate

Gewichtsverlust 10-20 Jahre



No. examined

Control	2037	1490	1242	1267	556	176
Banding	376	333	284	284	150	50
VBG	1369	1086	987	1007	489	82
GBP	265	209	184	180	37	13

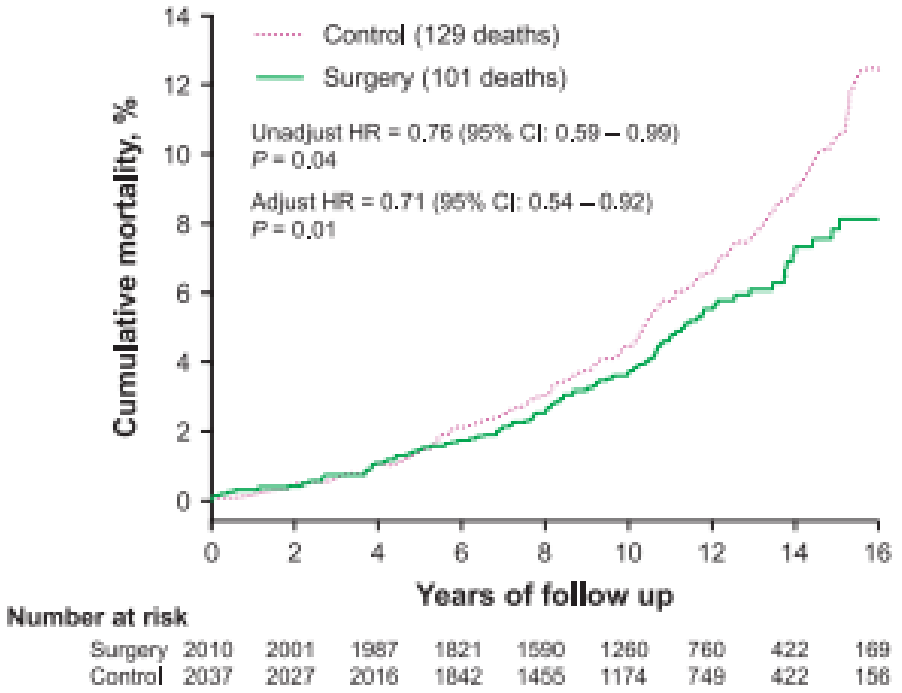
doi: 10.1111/joim.12012

Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery

L. Sjöström

Langzeitresultate

Mortalität 10-20 Jahre



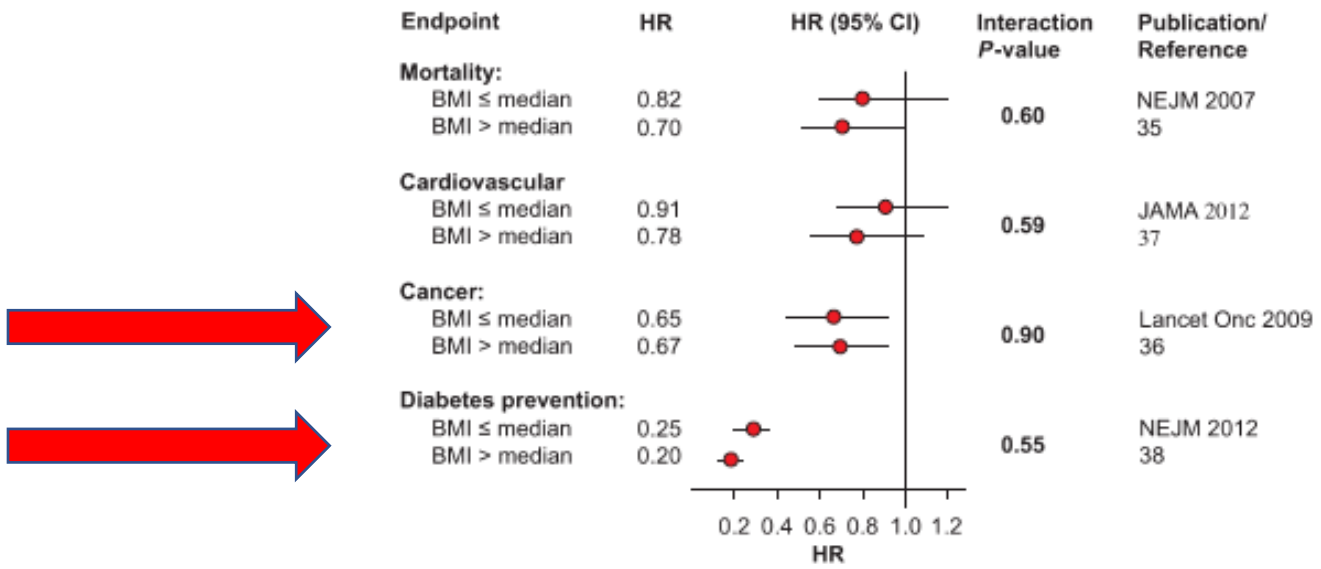
doi: 10.1111/joim.12012

Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery

L. Sjöström

Langzeitresultate

Inzidenz von Komorbiditäten >10 Jahre



doi: 10.1111/joim.12012

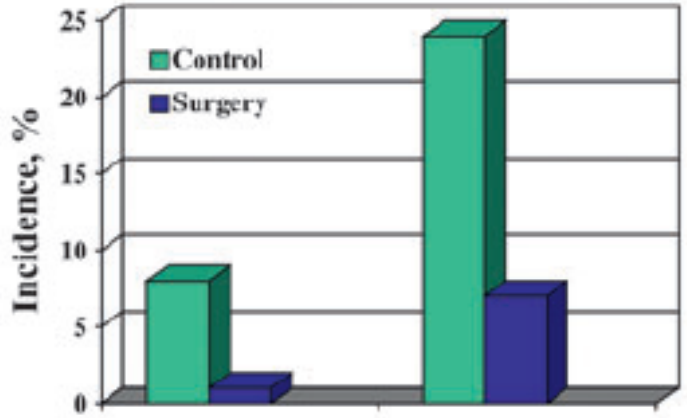
Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery

L. Sjöström

Langzeitresultate

Diabetes Typ 2 Inzidenz

(b) SOS. Incidence of diabetes over 2 and 10 years



Number of subjects:	2 year	10 year
Control	1402	539
Surgery	1489	517
Adjusted Odds ratio	0.14	0.25
95% CI	0.08 - 0.24	0.17 - 0.38
P value	<0.001	<0.001

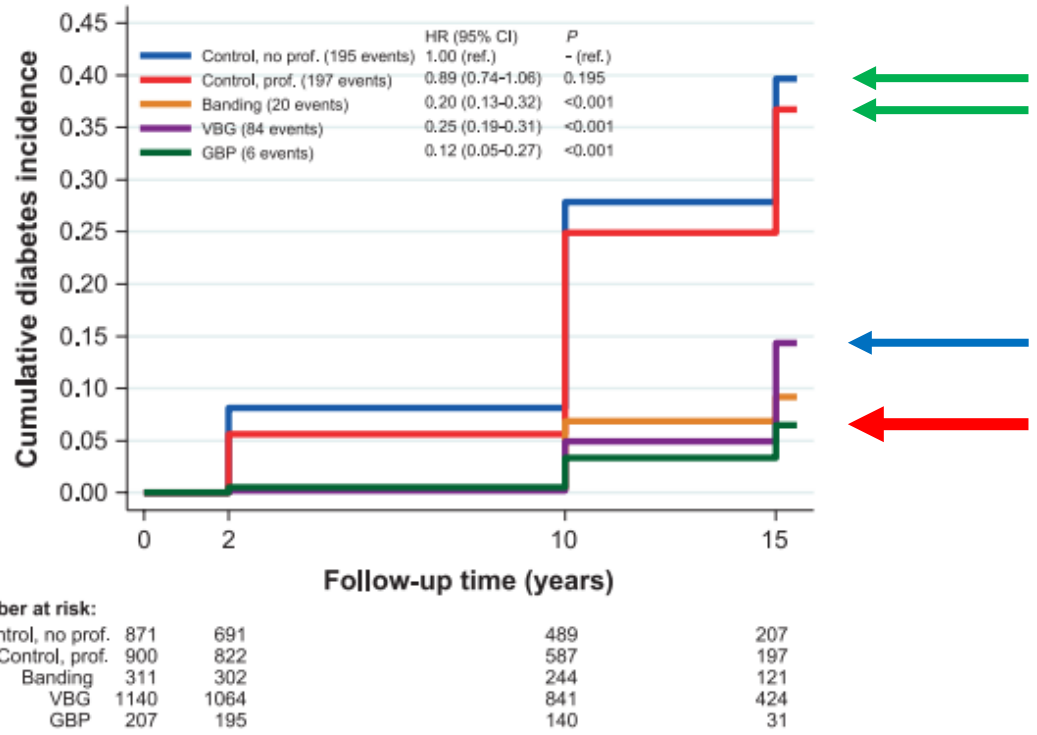
doi: 10.1111/joim.12012

Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery

L. Sjöström

Langzeitresultate

Diabetes Typ 2 Inzidenz

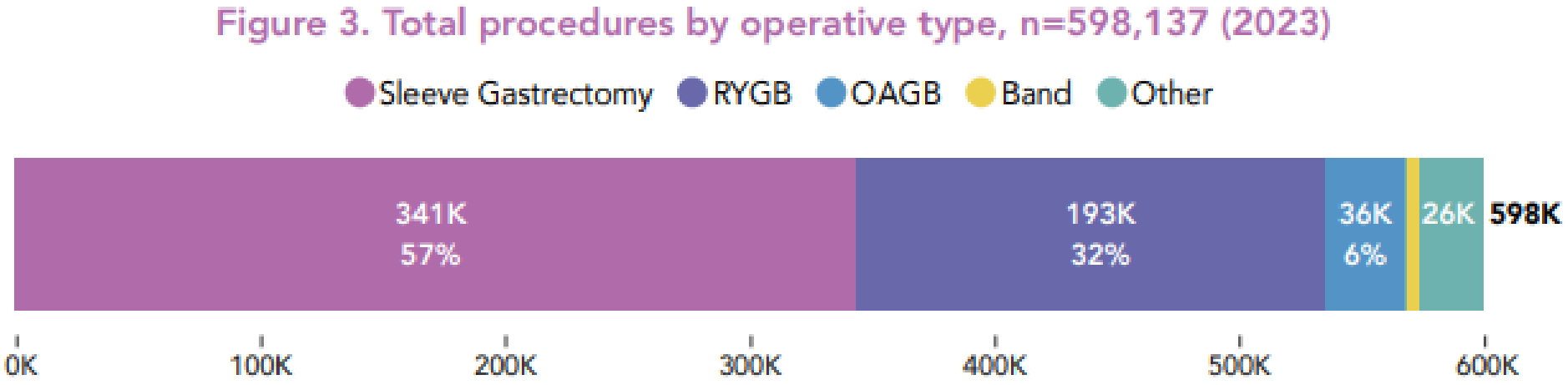


doi: 10.1111/joim.12012

Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery

L. Sjöström

IFSO Register 2023



Langzeitresultate

Gewichtsverlust 10-20 Jahre

Table 5 Summary of systematic review of weight loss and reoperation rates

Procedure	No. of reports	Weighted mean % EWL	Mean % EWL range	Reoperation rate range
RYGB	16	55.4	27–69	8–64%
OAGB	2	80.9	70–84	2–14%
LAGB	17	45.9	27–66	8–78%
BPD	4	71.5	64–73	NR
DS	7	75.2	61–94	3–37%
Sleeve	2	57.0	53–62	32–36%
Gastroplasty	7	50.9	− 10–62	10–40%

The single reports of fixed band and plication from Table 6 are not included

RYGB Roux-en-Y gastric bypass, *OAGB* one anastomosis gastric bypass, *LAGB* laparoscopic adjustable gastric band, *BPD* biliopancreatic diversion, *DS* duodenal switch, , , NR = not recorded

Long-Term Outcomes After Bariatric Surgery: a Systematic Review and Meta-analysis of Weight Loss at 10 or More Years for All Bariatric Procedures and a Single-Centre Review of 20-Year Outcomes After Adjustable Gastric Banding

Paul E. O'Brien[1,2] · Annemarie Hindle[3] · Leah Brennan[3] · Stewart Skinner[1,2] · Paul Burton[1,2] · Andrew Smith[2] · Gary Crosthwaite[2] · Wendy Brown[1,2]

Obesity Surgery (2019) 29:3–14
https://doi.org/10.1007/s11695-018-3525-0

Langzeitresultate

Effect of Laparoscopic Sleeve Gastrectomy
vs Laparoscopic Roux-en-Y Gastric Bypass onWeight Loss
at 5 Years Among Patients With Morbid Obesity
The SLEEVEPASS Randomized Clinical Trial

Paulina Salminen, MD, PhD; Mika Helmio, MD; Jari Ovaska, MD, PhD; Anne Juuti, MD, PhD; Marja Leivonen, MD, PhD; Pipsa Peromaa-Haavisto,MD, PhD;
Saija Hurme, MSc; Minna Soinio,MD, PhD; Pirjo Nuutila, MD, PhD; Mikael Victorzon, MD, PhD

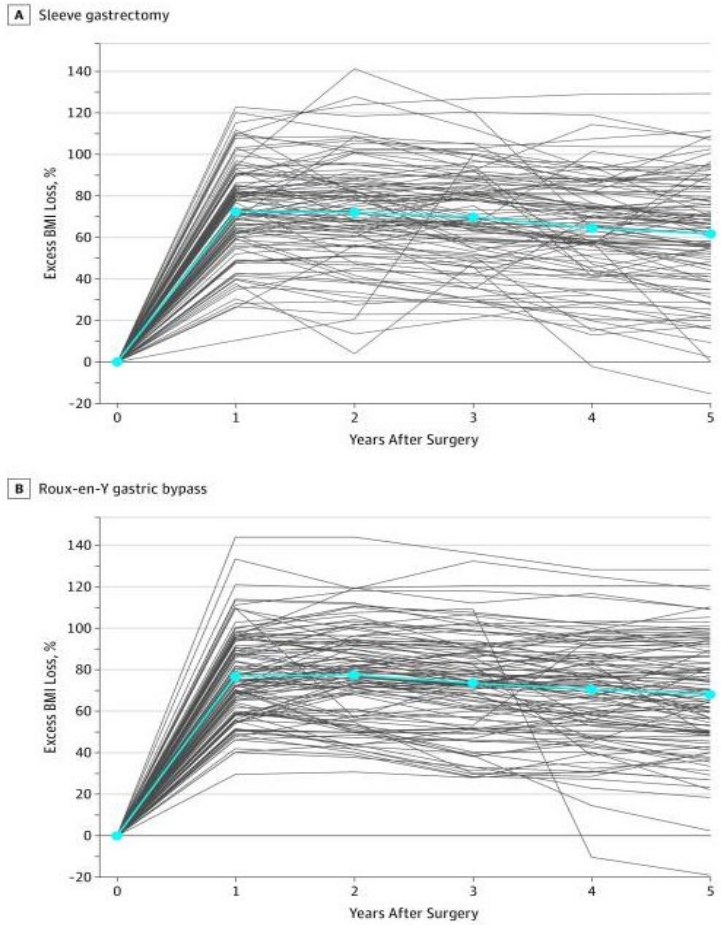
Resultate nach 5 Jahren

%EBMIL Sleeve: **60%**

%EWL Sleeve:**49%**

%EBMIL RY-Magenbypass: **70%**

%EWL RY-Magenbypass : **57%**



%EBMIL = [(Preoperative BMI − current BMI)/(preoperative BMI − 25)] × 100 (2)
%EWL = [(Preoperative weight − current weight)/(preoperative weight − ideal weight)] × 100

Langzeitresultate

Vergleich Sleeve zu RY-Magenbypass 5 Jahre

Table 4 Evidence summary comparing outcomes of Roux-en-y gastric bypass and sleeve gastrectomy to inform shared decision making

Outcome	Roux-en-y gastric bypass	Sleeve gastrectomy
Weight loss (% total weight loss)	1 year weight loss: 30.8-31.2%[17 42 48 52] ; 5 year weight loss: 23.2-27.2%	1 year weight loss: 23.4-28.2%[17 42 48 52] ; 5 year weight loss: 18.6-23.7%
Type 2 diabetes	5 year remission: 86.1%; 5 year relapse: 33.1%[49]	5 year remission: 83.5%; 5 year relapse: 41.6%[49]
Hypertension	5 year remission: 17%[53]	5 year remission: 18%[53]
Dyslipidemia	4 year remission: 38.0%[54]	4 year remission: 28.0%[54]
Quality of life	Quality of life measures tend to improve after MBS, with greater improvements in physical health measures than mental health measures and no significant differences observed between RYGB and SG[55 -58]	
Mortality	30 day all cause mortality: 0.15%[59] ;5 year mortality: 2.2-2.8%[60 61]	30 day all cause mortality: 0.07%[59] ; 5 year mortality: 1.3-2.7%[60 61]
Reoperation	30 day reoperation: 2.2%[59] ; 5 year reoperation: 12.3-22.8%[41 50 60]	30 day reoperation: 0.83%[59] ; 5 year reoperation: 8.9-18.5%[41 50 60]
Readmission to hospital	30 day: 5.7%[59] ; 5 year: 38.3-53.7%[50 60]	30 day: 2.9%[59] ; 5 year: 32.8-43.7%[50 60]
Alcohol use disorder	5 year incidence: 9.2-20.8% (95% CI 18.5 to 23.3)[62 63]	5 year incidence: 7.9% (95% CI 6.4 to 9.5)[62]
Suicide	Operation specific data not available: 5 year incidence of suicide attempt after MBS: 3.6 per 1000 person years; 5 year incidence of suicide death after MBS: 3.8 per 10 000 person years[64]	

Langzeitresultate

Länge der Dünndarmschenkel >5 Jahre

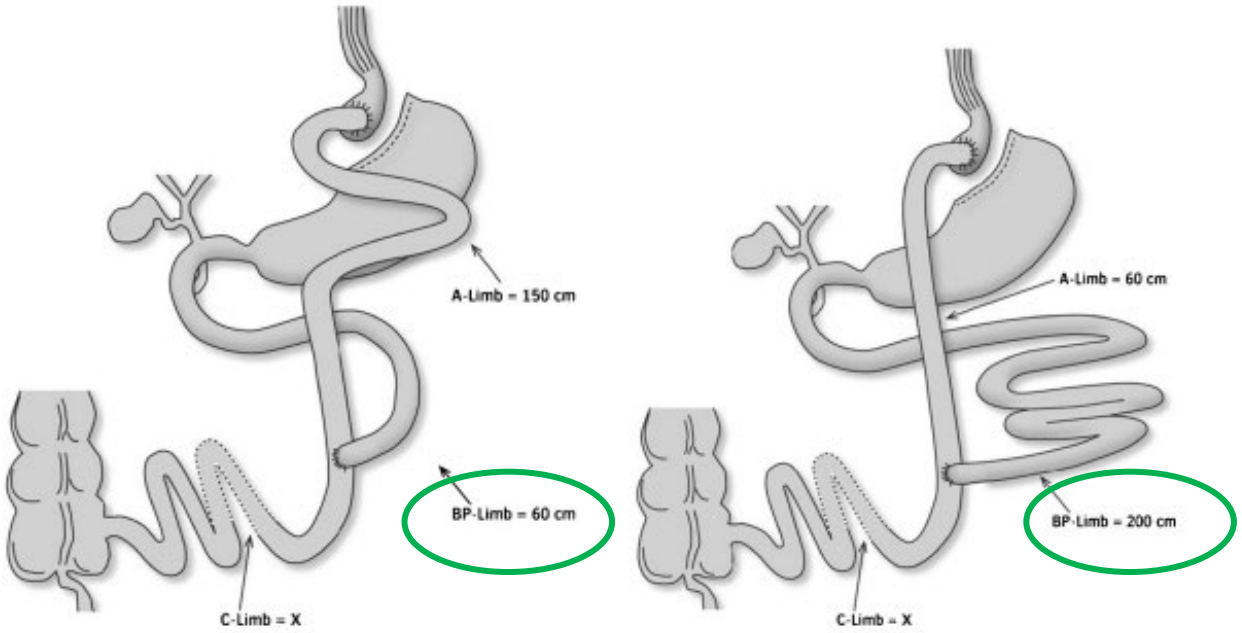


Fig. 1 Schematic drawing of the operation with 150-cm A-limb or 200-cm BP-limb

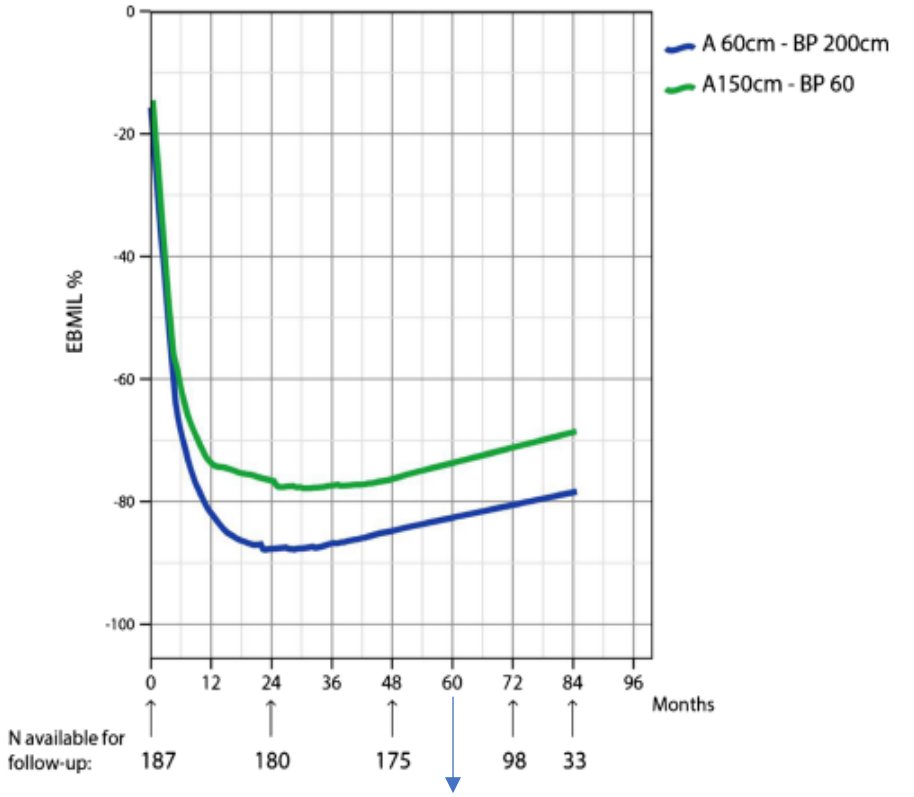
Gastric Bypass with Long Alimentary Limb or Long Pancreato-Biliary Limb—Long-Term Results on Weight Loss, Resolution of Co-morbidities and Metabolic Parameters

Bent Johnny Nergaard · Björn Geir Leifsson · Jan Hedenbro · Hjörtur Gislason

Langzeitresultate

Länge der Dünndarmschenkel >5 Jahre

Fig. 2 Postoperative weight loss expressed as percentage of excess BMI loss (EBMIL%) plotted against time. The *lines* are drawn using the locally weighted scatter plot smoothing method (Lowess). The figures demonstrate a greater weight loss using the long BP-limb procedure compared to long A-limb procedure



FU: 85%

Gastric Bypass with Long Alimentary Limb or Long Pancreato-Biliary Limb—Long-Term Results on Weight Loss, Resolution of Co-morbidities and Metabolic Parameters

Bent Johnny Nergaard · Björn Geir Leifsson · Jan Hedenbro · Hjörtur Gislason

Langzeitresultate

Länge der Dünndarmschenkel >5 Jahre

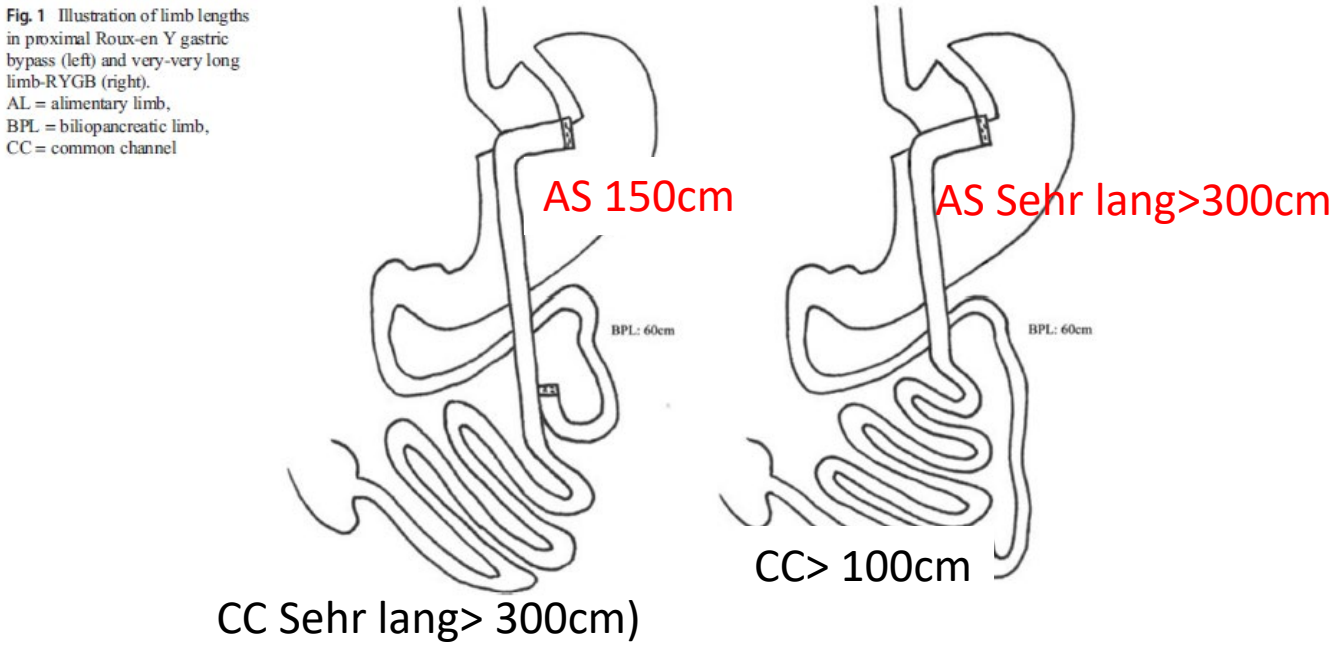


Fig. 1 Illustration of limb lengths in proximal Roux-en Y gastric bypass (left) and very-very long limb-RYGB (right). AL = alimentary limb, BPL = biliopancreatic limb, CC = common channel

Long-Term Outcome of Proximal Versus Very-Very Long Limb Roux-en-Y Gastric Bypass: the Roux-Limb to Common Channel Ratio Determines the Long-Term Weight Loss

Julian Süsstrunk[1] · Ioannis I. Lazaridis[2] · Thomas Köstler[1] · Marko Kraljević[2] · Tarik Delko[2] · Urs Zingg[1]

Langzeitresultate

Länge der Dünndarmschenkel >5 Jahre

Table 1 Patients characteristics

Variable	VVLL-RYGB	PRYGB	*p* Value
n	232	223	NA
Mean age at operation (SD)	41.1 (± 10)	38.5 (± 11)	0.008
Female gender (%)	171 (73.7)	187 (83.9)	0.049
Mean initial BMI (SD)	45.8 (± 6.3)	42.9 (± 4.9)	< 0.001
Diabetes/prediabetes (%)	62 (26.7)	33 (14.8)	0.016
OAD (%)	35 (15.2)	15 (6.7)	0.031
Insulin (%)	40 (17.3)	9 (4.0)	< 0.001
Hypertension (%)	108 (46.8)	81 (36.3)	0.097
Hypertensive drugs (%)	41 (17.7)	24 (10.8)	0.101
Hyperlipidemia (%)	53 (22.9)	39 (17.5)	0.148
Hyperlipidemia drugs (%)	41 (17.7)	24 (10.8)	0.101

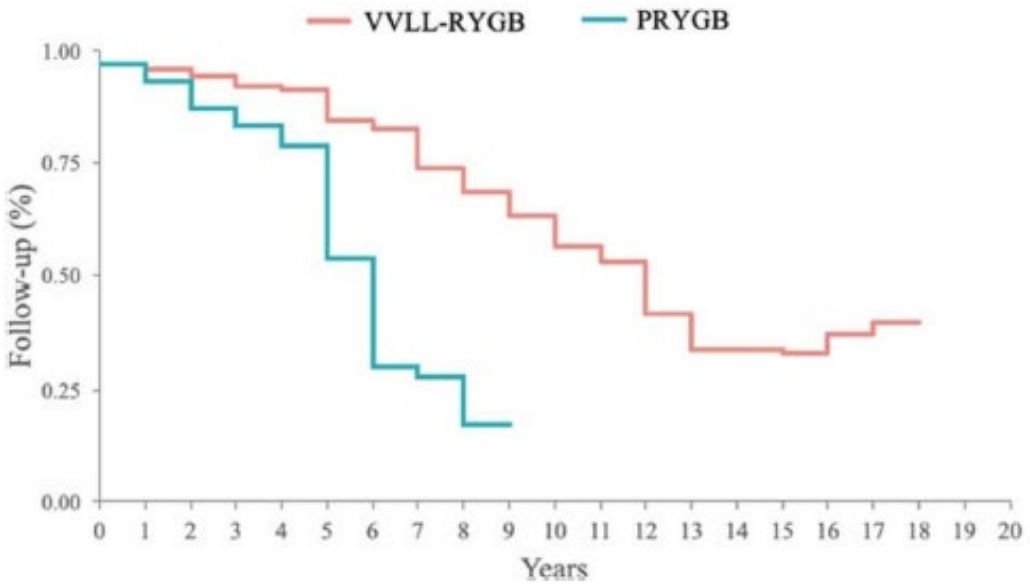
SD standard deviation, *BMI* body mass index, *OAD* oral antidiabetic drugs

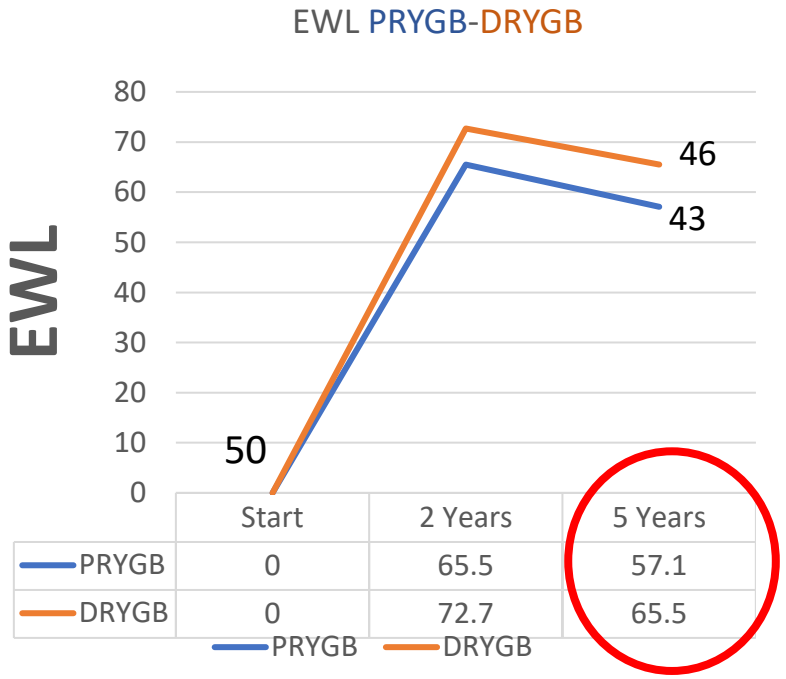
Long-Term Outcome of Proximal Versus Very-Very Long Limb Roux-en-Y Gastric Bypass: the Roux-Limb to Common Channel Ratio Determines the Long-Term Weight Loss

Julian Süsstrunk[1] · Ioannis I. Lazaridis[2] · Thomas Köstler[1] · Marko Kraljević[2] · Tarik Delko[2] · Urs Zingg[1]

Langzeitresultate

Länge der Dünndarmschenkel >5 Jahre





Long-Term Outcome of Proximal Versus Very-Very Long Limb Roux-en-Y Gastric Bypass: the Roux-Limb to Common Channel Ratio Determines the Long-Term Weight Loss

Julian Süsstrunk[1] · Ioannis I. Lazaridis[2] · Thomas Köstler[1] · Marko Kraljević[2] · Tarik Delko[2] · Urs Zingg[1]

Langzeitresultate

Länge der Dünndarmschenkel >5 Jahre

Insuffizienter Gewichtsverlust
(BMI>35, EWL<50%)

Table 2 Revisional procedures

Operation	Reason for revision	Revisional procedures
VVLL-RYGB	Insufficient weight loss = 15	BPD-like RYGB = 3
	6,4%	Distalization = 3
		Minimizer© banding = 9
	Malnutrition = 2	Proximalization = 1
2,5%		Reverse bypass = 1
	Steatorrhea, diarrhea = 4	Proximalization = 4
	Dumping syndrome = 1	Minimizer©-banding = 1
	Abdominal pain = 3	Proximalization = 3
PRYGB	Insufficient weight loss = 26	BPD-like RYGB = 11
	11,6%	Distalization = 8
		Minimizer© banding = 6
		BPD-like RYGB and minimizer © banding = 1
	Malnutrition = 1	Reverse bypass = 1
	Malabsorption = 1	Reverse bypass = 1
	Dumping syndrome = 1	Minimizer© banding = 1

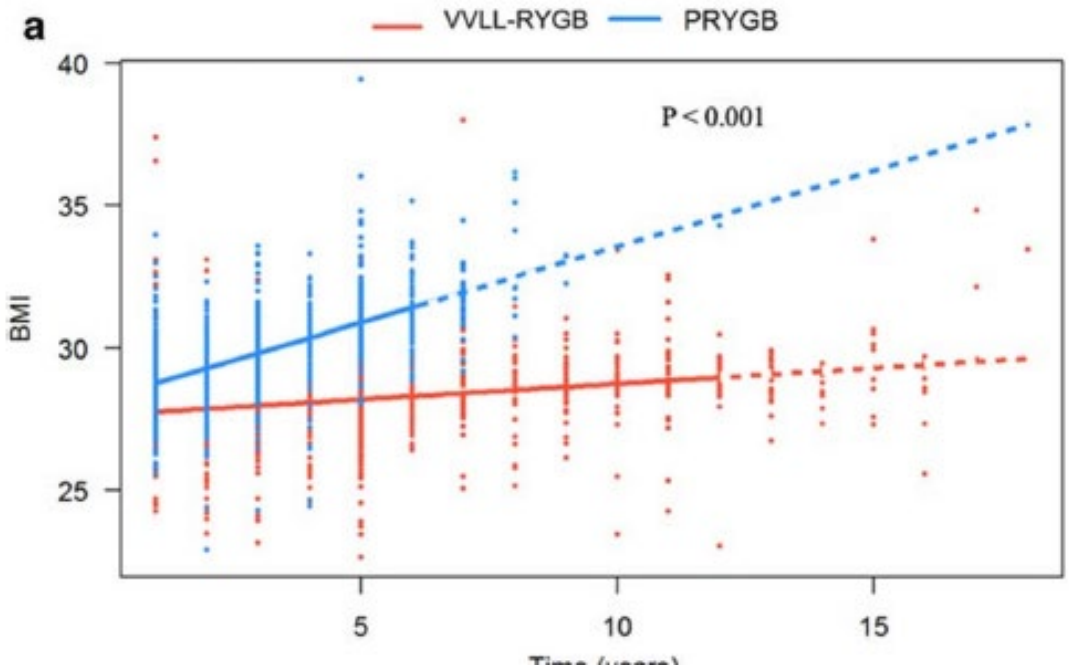
BPD-like RYGB biliopancreatic diversion-like Roux-en-Y gastric bypass

Long-Term Outcome of Proximal Versus Very-Very Long Limb Roux-en-Y Gastric Bypass: the Roux-Limb to Common Channel Ratio Determines the Long-Term Weight Loss

Julian Süsstrunk[1] · Ioannis I. Lazaridis[2] · Thomas Köstler[1] · Marko Kraljević[2] · Tarik Delko[2] · Urs Zingg[1]

Langzeitresultate

Länge der Dünndarmschenkel >5 Jahre



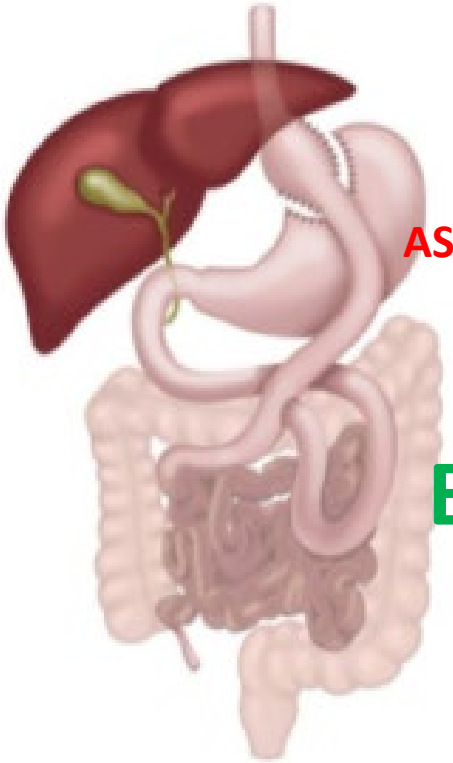
Long-Term Outcome of Proximal Versus Very-Very Long Limb Roux-en-Y Gastric Bypass: the Roux-Limb to Common Channel Ratio Determines the Long-Term Weight Loss

Julian Süsstrunk[1] · Ioannis I. Lazaridis[2] · Thomas Köstler[1] · Marko Kraljević[2] · Tarik Delko[2] · Urs Zingg[1]

Langzeitresultate

spitallimmattal

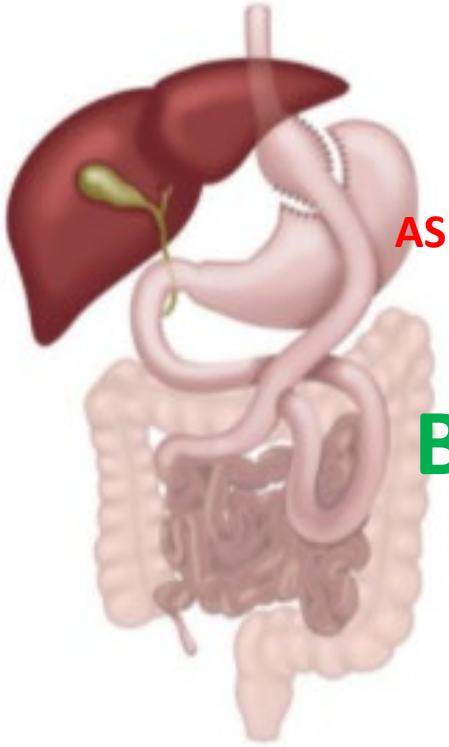
Long BPL- RYGB



AS 100-150cm

BS 150cm

Short BPL- RYGB



AS 150cm

BS 50-60cm

Mid-term Outcomes in Primary Roux-en-Y Gastric Bypass Procedures with Short or Long Biliopancreatic Limb

Julian Süsstrunk[1,2] · Svenja Erne[1] · Alexander Wilhelm[2] · Thomas Köstler[1] · Diana Mattiello[1] · Urs Zingg[1]

Kurzzeitresultate

spitallimmattal

Länge der Dünndarmschenkel Follow up 2 Jahre

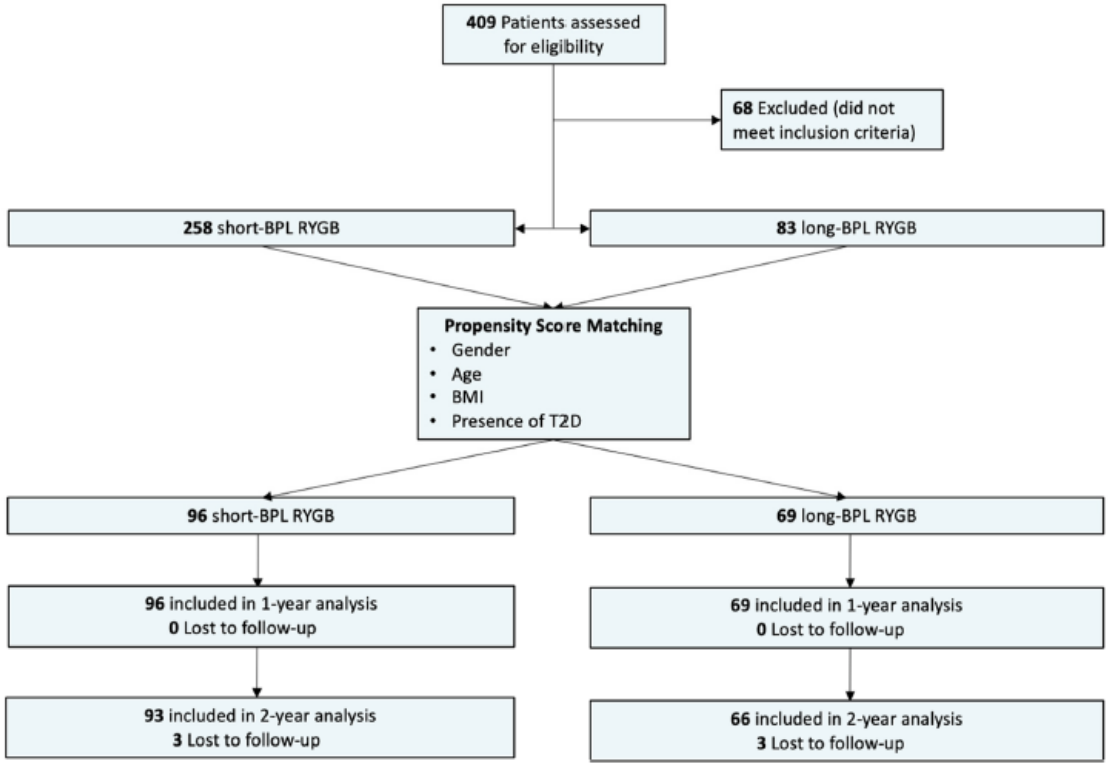


Fig. 2 Flow chart describing patient selection

Mid-term Outcomes in Primary Roux-en-Y Gastric Bypass Procedures with Short or Long Biliopancreatic Limb

Julian Süsstrunk[1,2] · Svenja Erne[1] · Alexander Wilhelm[2] · Thomas Köstler[1] · Diana Mattiello[1] · Urs Zingg[1]

Kurzzeitresultate

spitallimmattal

Länge der Dünndarmschenkel Follow up 2 Jahre

Gewichtsverlust

Table 2 Weight loss parameters over the study period

	Short-BPL RYGB (*n*=96)	Long-BPL RYGB (*n*=69)	*p* value
Weight loss/BMI changes at 1 year			
BMI (kg/m^2)	28.57 (3.58)	27.86 (3.81)	0.22
Weight (kg)	78.48 (12.9)	78.83 (15.99)	0.87
Weight loss (kg)	36.42 (10.53)	44.85 (33.14)	0.021
BMI reduction (kg/m^2)	13.12 (3.85)	14.58 (4.58)	0.028
TWL (%)	31.57 (7.66)	33.86 (9.43)	0.088
Weight loss/BMI changes at 2 years			
BMI (kg/m^2)	28.3 (3.7)	27.82 (4.3)	0.46
Weight (kg)	77.96 (13.74)	78.86 (16.88)	0.71
Weight loss (kg)	36.9 (11.51)	40.25 (13.32)	0.092
BMI reduction (kg/m^2)	13.42 (4.06)	14.49 (4.95)	0.139
TWL (%)	32.04 (8.83)	33.78 (9.75)	0.242

Values are shown as median (standard deviation)

BMI body mass index, *%TWL* total weight loss

Mid-term Outcomes in Primary Roux-en-Y Gastric Bypass Procedures with Short or Long Biliopancreatic Limb

Julian Süsstrunk[1,2] · Svenja Erne[1] · Alexander Wilhelm[2] · Thomas Köstler[1] · Diana Mattiello[1] · Urs Zingg[1]

Kurzzeitresultate

spitallimmattal

Länge der Dünndarmschenkel Follow up 2 Jahre

Diabetes mellitus

Table 3 Diabetes parameters over the study period

	Short-BPL RYGB *(n=96)*	Long-BPL RYGB *(n=69)*	*p* value
Diabetes changes at 1 year			
Diabetes/prediabetes			0.06
Diabetes (%)	7 (7%)	12 (17%)	
Prediabetes (%)	8 (8%)	2 (3%)	
HbA1c (%)	5.16 (0.71)	5.25 (0.7)	0.43
ΔHbA1c (%)	0.79 (1.05)	1.5 (1.69)	0.001
Diabetes drugs			0.086
OAD (%)	2 (2%)	7 (10%)	
Insulin (%)	1 (1%)	2 (3%)	
Diabetes changes at 2 years			
Diabetes/prediabetes			0.19
Diabetes (%)	5 (5%)	9 (14%)	
Prediabetes (%)	8 (9%)	6 (9%)	
HbA1c (%)	5.22 (0.5)	5.28 (0.82)	0.60
ΔHbA1c (%)	0.72 (0.92)	1.51 (1.73)	< 0.001
Diabetes drugs			0.031
OAD (%)	2 (2%)	6 (9%)	
Insulin (%)	0 (0%)	2 (3%)	

Values are shown as mean (standard deviation)

OAD oral antidiabetic drugs

Mid-term Outcomes in Primary Roux-en-Y Gastric Bypass Procedures with Short or Long Biliopancreatic Limb

Julian Süsstrunk[1,2] · Svenja Erne[1] · Alexander Wilhelm[2] · Thomas Köstler[1] · Diana Mattiello[1] · Urs Zingg[1]

Langzeitresultate

spitallimmattal

Gewichtsrebound nach proximalen RY-Magenbypass

Table 2. Observed Weight Regain by Time Since Reaching Nadir Weight

Table 2. Observed Weight Regain by Time Since Reaching Nadir Weight

	Time Since Reaching Nadir Weight				
	1 y	2 y	3 y	4 y	5 y
Weight measured, No. (%)	1265 (100)	1133 (93)	1057 (92)	966 (90)	771 (78)
Weight measurement missing, No. (%)	0	78 (7)	85 (8)	101 (10)	166 (12)
Reasons ineligible for weight assessment, No.					
Pregnant at time point	21	10	14	14	10
Died prior to time point	0	4	5	7	12
Data collection ended prior to time point	0	61	125	198	327
Time since initial surgery, median (25th-75th percentile), y	3.0 (2.1-3.9)	3.8 (3.1-4.3)	4.6 (4.0-5.2)	5.3 (5.0-6.0)	6.0 (5.8-6.6)
Weight Regain Measures, Median (25th-75th Percentile)					
Weight, kg	4.5 (2.3-8.2)	8.2 (5.0-13.2)	10.4 (5.9-16.3)	11.8 (7.3-18.6)	12.7 (7.3-19.5)
Body mass index[a]	1.6 (0.8-2.8)	3.0 (1.7-4.6)	3.7 (2.2-5.8)	4.2 (2.6-6.7)	4.5 (2.7-6.8)
Percentage of presurgery weight	3.5 (1.7-6.1)	6.5 (3.8-9.7)	8.3 (4.8-12.2)	8.9 (5.7-14.0)	9.7 (6.0-14.4)
Percentage of nadir weight	5.7 (2.7-9.6)	10.1 (6.0-16.1)	12.9 (7.5-19.4)	14.2 (8.6-22.3)	15.0 (9.2-23.2)
Percentage of maximum weight lost	9.5 (4.7-17.2)	17.8 (10.2-27.3)	22.5 (12.9-34.5)	24.6 (16.1-39.4)	26.8 (16.7-41.5)
Clinically Important Weight Regain, No. (%)[b]					
≥10 kg	205 (16.2)	441 (38.9)	542 (51.3)	551 (57.0)	474 (61.5)
≥5 body mass index points[a]	95 (7.5)	235 (20.7)	354 (33.5)	379 (39.2)	336 (43.6)
≥10% of presurgery weight	100 (7.9)	267 (23.6)	392 (37.1)	420 (43.5)	376 (48.8)
≥10% of nadir weight	297 (23.5)	576 (50.8)	676 (64.0)	669 (69.3)	559 (72.5)
≥15% of nadir weight	125 (9.9)	325 (28.7)	422 (39.9)	453 (46.9)	387 (50.2)
≥10% of maximum weight lost	604 (47.8)	859 (75.8)	880 (83.3)	839 (86.9)	667 (86.5)
≥20% of maximum weight lost	235 (18.6)	492 (43.4)	599 (56.7)	612 (63.4)	519 (67.3)
≥25% of maximum weight lost	148 (11.7)	340 (30.0)	465 (44.0)	476 (49.3)	427 (55.4)

[a] Calculated as weight in kilograms divided by height in meters squared.

Comparison of the Performance of Common Measures of Weight Regain After Bariatric Surgery for Association With Clinical Outcomes

Wendy C. King, PhD[1]; Amanda S. Hinerman, MPH[1]; Steven H. Belle, PhD[1,2]; et al

Langzeitresultate

Gewichtsverlust >5 Jahre

Table 4 Weight loss trends with different procedures

Procedure	SG			RYGB			OAGB			*p*
	Med	Mean ± SD	*N*	Med	Mean ± SD	*N*	Med	Mean ± SD	*N*	
%TWL 1 year	26.73	27.20 ± 8.82	4416	27.56	27.43 ± 7.75	2478	29.42	28.88 ± 8.85	1053	< 0.001
%TWL 2 years	28.49	28.98 ± 7.89	2910	29.57	29.19 ± 7.05	1530	32.45	32.58 ± 8.35	848	< 0.001
%TWL 3 years	28.71	29.03 ± 8.62	3314	29.99	29.80 ± 7.14	1838	33.33	33.37 ± 8.53	643	< 0.001
%TWL 5 years	24.05	24.36 ± 9.68	1943	27.82	27.02 ± 8.24	1092	32.62	32.53 ± 7.66	203	< 0.001
%EWL 1 year	70.24	68.29 ± 24.73	4416	64.06	64.73 ± 17.76	2478	72.35	68.28 ± 16.85	1053	< 0.001
%EWL 2 years	72.39	72.43 ± 17.79	2910	70.47	69.21 ± 12.22	1530	79.41	76.24 ± 12.72	848	< 0.001
%EWL 3 years	68.78	71.07 ± 22.07	3314	68.54	69.86 ± 17.42	1838	79.01	76.70 ± 17.63	643	< 0.001
%EWL 5 years	57.28	58.96 ± 24.45	1943	60.85	62.12 ± 22.13	1092	70.37	72.96 ± 19.37	203	< 0.001
Nadir BMI	29.06	29.80 ± 4.72	4642	30.11	30.73 ± 4.17	2549	28.70	29.40 ± 3.56	1069	< 0.001

BMI, body mass index; *Hb*, haemoglobin; *TWL*, total weight loss; *EWL*, excess weight loss; *WR*, weight regain; *SD*, standard deviation; *SG*, sleeve gastrectomy; *RYGB*, Roux-en-Y gastric bypass; *OAGB*, one anastomosis gastric bypass; *Med*, median

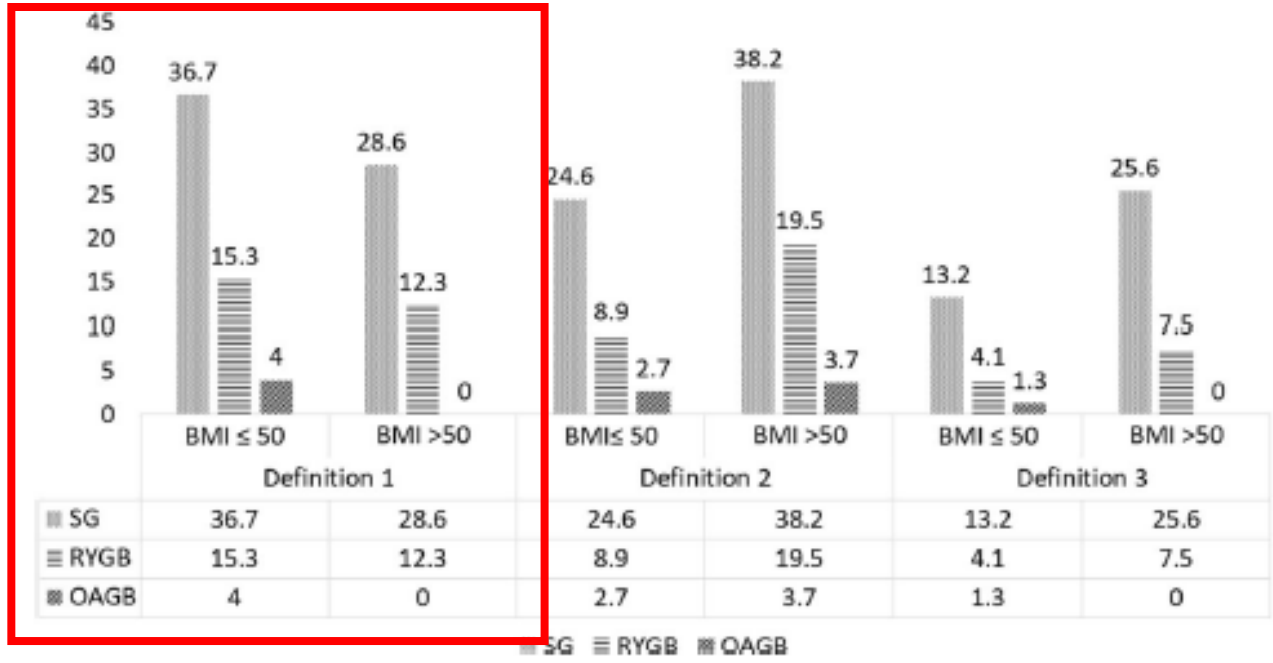
Weight Regain After Bariatric Surgery—A Multicentre Study of 9617 Patients from Indian Bariatric Surgery Outcome Reporting Group

Sarfaraz J. Baig[1] · Pallawi Priya[1] · Kamal K. Mahawar[2] · Sumeet Shah[3] · for the Indian Bariatric Surgery Outcome Reporting (IBSOR) Group

Langzeitresultate

Gewichtsverlust >5 Jahre

Definition 1:Regain of more than 25% of lost weight from the nadir weight [12, 15]
Definition 2:Regain of more than 10 kg from the nadir weight [16–21]
Definition 3:Regain of more than 5 BMI points from the nadir weight [12, 22]



	BMI ≤ 50	BMI >50	BMI≤ 50	BMI >50	BMI ≤ 50	BMI >50
	Definition 1		Definition 2		Definition 3	
SG	36.7	28.6	24.6	38.2	13.2	25.6
RYGB	15.3	12.3	8.9	19.5	4.1	7.5
OAGB	4	0	2.7	3.7	1.3	0

Weight Regain After Bariatric Surgery—A Multicentre Study of 9617 Patients from Indian Bariatric Surgery Outcome Reporting Group

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Langzeitresultate

Länge der Dünndarmschenkel Follow up 3 Jahre

Umwandlung
Sleeve
in Magenbypass

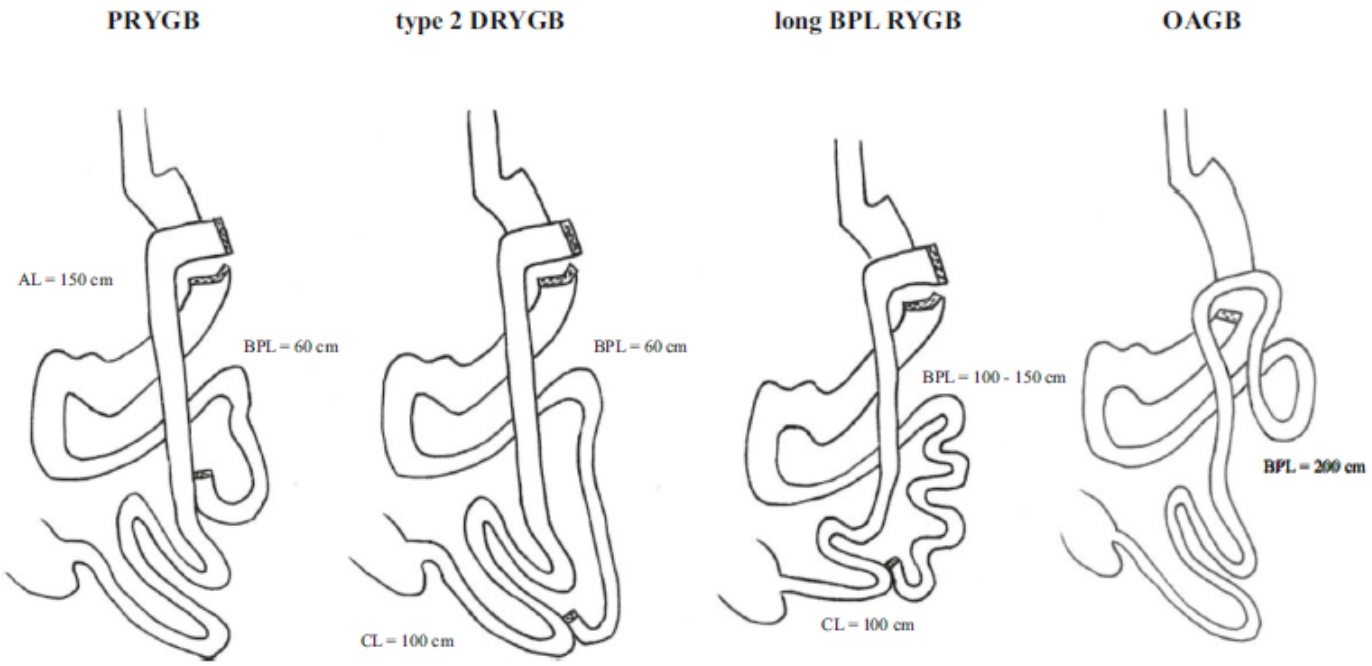


Fig. 1 Schematic illustration of different revisional procedures offered to patients with failed sleeve gastrectomy, PRYGB, proximal Roux-en-Y gastric bypass; type 2 DRYGB, type 2 distal Roux-en-Y gastric bypass; long BPL RYGB, long biliopancreatic limb Roux-en-Y gastric bypass; OAGB, one anastomosis gastric bypass; AL, alimentary limb; BPL, biliopancreatic limb; CL = common limb

Short or Long Biliopancreatic Limb Bypass as a Secondary Procedure After Failed Laparoscopic Sleeve Gastrectomy

Marko Kraljević[1] · Julian Süsstrunk[2] · Thomas Köstler[2] · Ioannis I. Lazaridis[1] · Urs Zingg[2] · Tarik Delko[1]

Langzeitresultate

spitallimmattal

Länge der Dünndarmschenkel Follow up 3 Jahre

Umwandlung
Sleeve
in Magenbypass

Table 3 Postoperative weight loss over the study period

	PRYGB ($n=12$)		Type 2 DRYGB ($n=8$)		Long BPL RYGB ($n=20$)		OAGB ($n=12$)	
Weight loss/BMI changes at 1 year								
BMI (kg/m^2)	25.8 (24.4–28.2)		29.6 (26.6–36.4)		31.8 (27.6–38.0)		33.0 (27.1–40.9)	
Additional ΔBMI (kg/m^2)	4.1 (2.6–5.3)*	$p=0.006$	5.2 (2.7–6.0)	$p=0.115$	8.4 (7.1–11.3)*	$p<0.001$	7.5 (5.3–11.9)*	$p<0.001$
Additional EWL (%)	23.7 (16.8–30.9)*	$p=0.018$	28.5 (14.0–32.4)*	$p=0.074$	33.8 (26.6–40.6)*	$p<0.001$	27.2 (20.7–44.6)*	$p<0.001$
TWL (%)	36.4 (33.0–39.8)*	$p=0.006$	29.6 (24.9–37.7)*	$p=0.115$	39.8 (31.4–44.7)*	$p<0.001$	37.6 (29.5–42.9)*	$p<0.001$
Weight loss/BMI changes at 2 years								
BMI (kg/m^2)	26.6 (24.8–28.7)		31.5 (27.8–36.2)		31.7 (24.4–37.8)		32.4 (26.5–40.8)	
Additional ΔBMI (kg/m^2)	3.9 (1.7–5.5)*	$p=0.028$	4.2 (2.1–5.6)	$p=0.208$	10.3 (8.5–15.3)*	$p<0.001$	9.8 (5.7–12.2)*	$p<0.001$
Additional EWL (%)	23.1 (9.9–30.6)*	$p=0.038$	20.7 (9.1–30.1)	$p=0.142$	38.2 (30.2–51.7)*	$p<0.001$	38.7 (20.6–49.3)*	$p<0.001$
TWL (%)	36.6 (30.8–39.8)*	$p=0.021$	28.9 (23.3–36.4)	$p=0.093$	42.4 (33.7–53.0)*	$p<0.001$	36.3 (30.0–44.2)*	$p<0.001$
Weight loss/BMI changes at 3 years								
BMI (kg/m^2)	29.5 (24.8–28.7)		30.8 (27.9–35.7)		34.5 (29.2–35.8)		34.6 (29.6–36.8)	
Additional ΔBMI (kg/m^2)	4.3 (1.7–5.5)	$p=0.146$	4.6 (1.5–5.6)	$p=0.245$	8.0 (5.8–16.0)*	$p<0.001$	9.4 (5.5–11.9)*	$p<0.001$
Additional EWL (%)	23.7 (9.9–30.6)	$p=0.373$	21.8 (6.3–27.0)	$p=0.156$	33.8 (19.9–44.5)*	$p<0.001$	33.2 (20.3–45.6)*	$p<0.001$
TWL (%)	31.3 (30.8–39.8)	$p=0.122$	31.6 (21.5–37.3)	$p=0.121$	45.0 (36.8–50.8)*	$p<0.001$	34.9 (32.7–40.7)*	$p<0.001$

BMI body mass index; *%EWL* excess weight loss; *%TWL* total weight loss

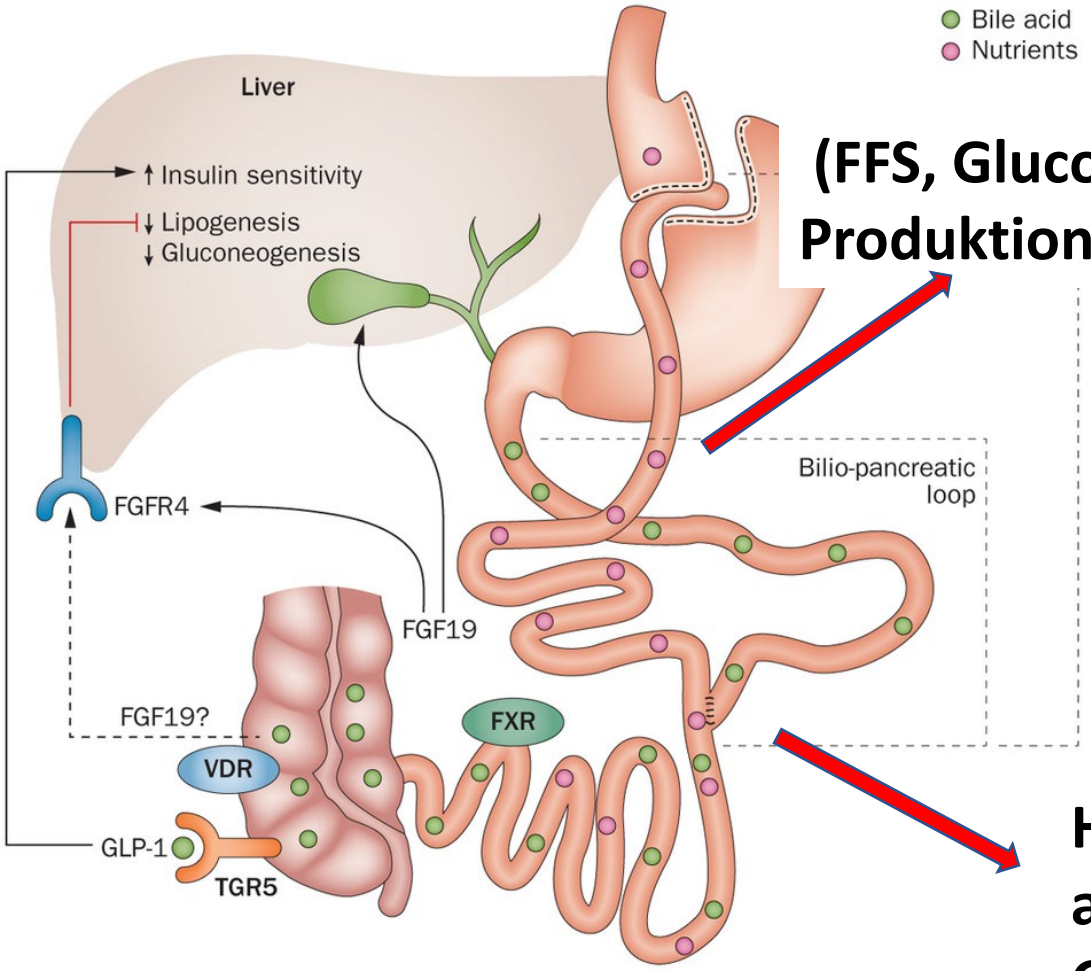
*$p<0.05$ compared with prerevisional

Values are shown as median (95% CI)

Short or Long Biliopancreatic Limb Bypass as a Secondary Procedure After Failed Laparoscopic Sleeve Gastrectomy

Marko Kraljević[1] · Julian Süsstrunk[2] · Thomas Köstler[2] · Ioannis I. Lazaridis[1] · Urs Zingg[2] · Tarik Delko[1]

Langer biliärer Schenkel und GLP-1 Konzentration?



(FFS, Glucose) erhoeht GLP-1 Produktion.

Hohe freie Gallensäure im Ileum activiert TGR-5, mit Erhoehung der GLP-1 Produktion.

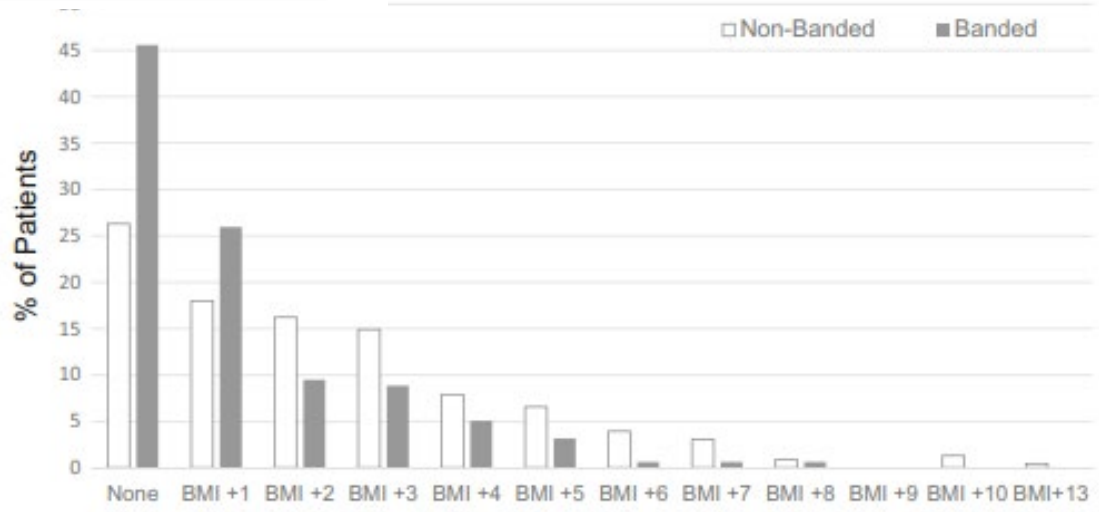
Langzeitresultate

Gewichtsrebound nach proximalen RY-Magenbypass nach 5 Jahren

254 432 FU 5 Jahre 88,2%

Table 2 Mixed ANOVA-weight loss, % excess weight loss, and BMI

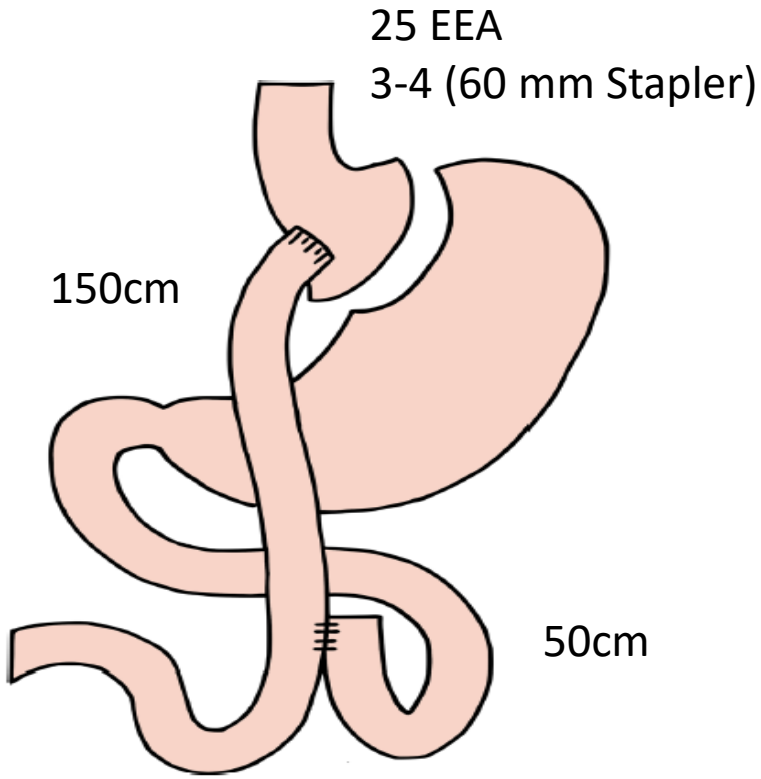
Parameter	Time point (months)	Non-banded	Banded	Significance	*P* value
Weight loss	3–12	38.8 ± 11.2	44.2 ± 10.5	T, T*tr	≤0.0001
	24–60	35.4 ± 12.5	43.9 ± 11.9	T, T*tr, tr	≤0.0001
%EWL	3–12	71.9 ± 18.2	75.2 ± 13.9	T, T*tr	≤0.0465
	24–60	65.2 ± 20.0	74.0 ± 15.1	T, T*tr	<0.0001
BMI	0–12	26.6 ± 4.5	26.3 ± 3.5	T, T*tr, tr	≤0.0002
	24–60	27.8 ± 4.9	26.4 ± 3.6	T, T*tr	<0.0001
Weight regain[a]	60	2.3 ± 2.3	1.2 ± 1.5	NA	<0.0001

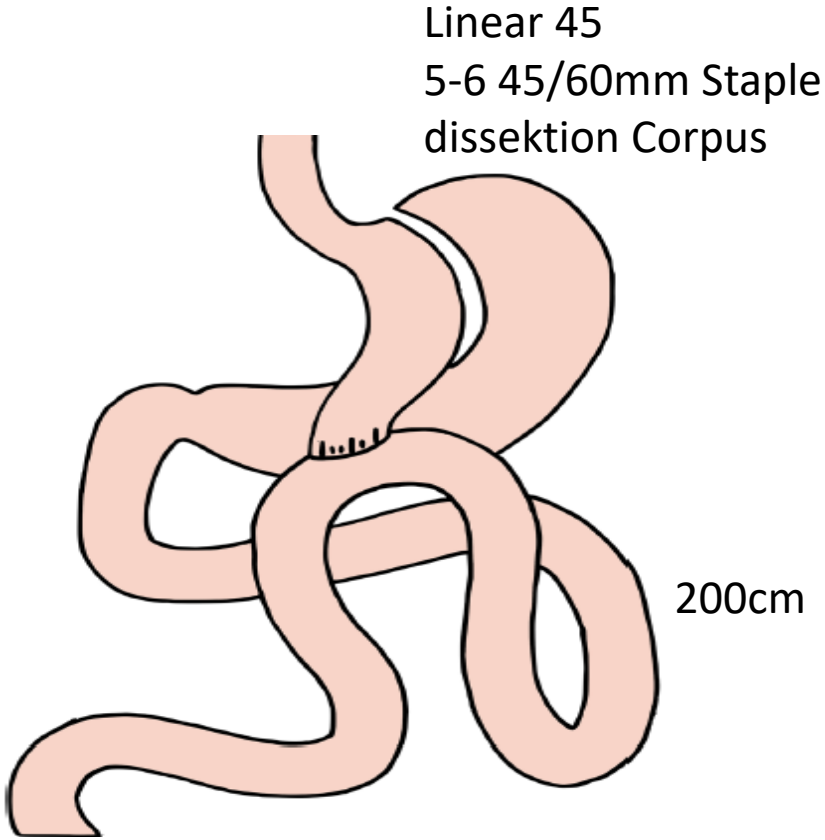


Banded Gastric Bypass: Better Long-Term Results? A Cohort Study with Minimum 5-Year Follow-Up

Luc Lemmens[1]

Omega vs proximalen RY- Magenbypass

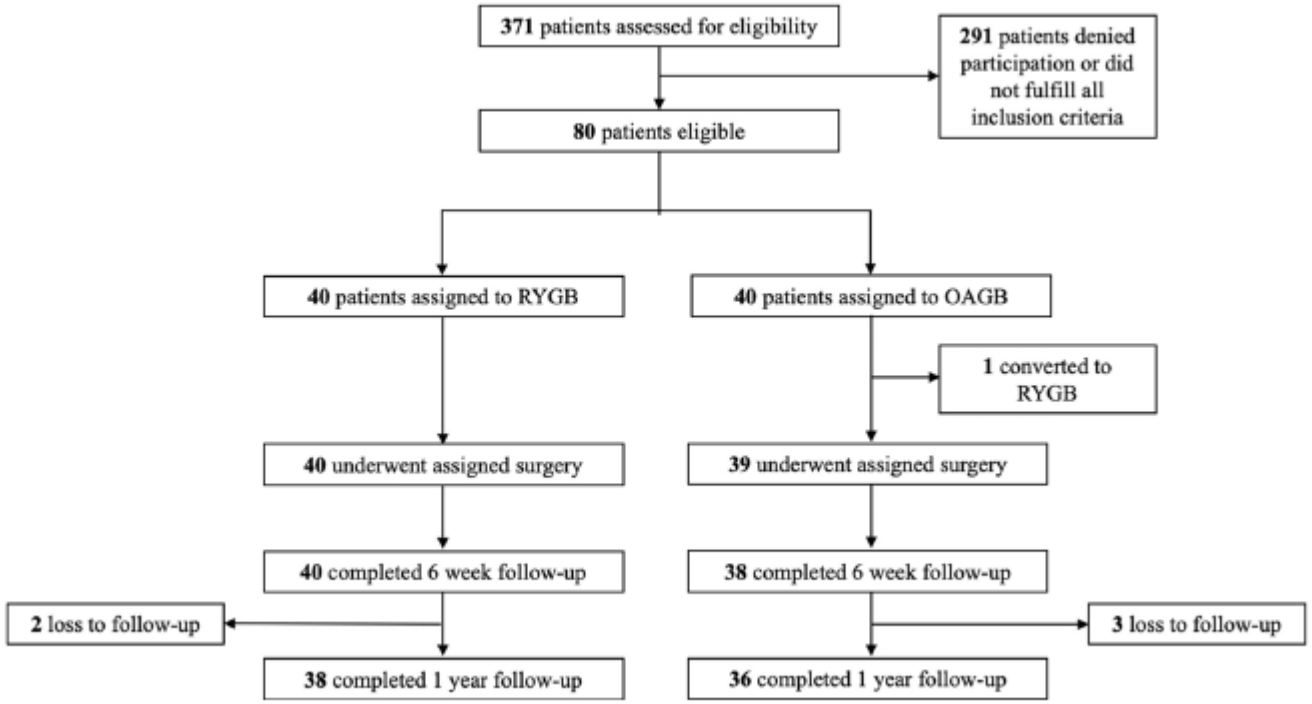




Laparoscopic Roux-Y-gastric bypass versus laparoscopic one-anastomosis gastric bypass for obesity: clinical & metabolic results of a prospective randomized controlled trial

Tarik Delko[1,2,7] · Marko Kraljević[1] · Ioannis I. Lazaridis[1,2] · Thomas Köstler[1] · Anne Jomard[3,4] · Amy Taheri[3,5] · Thomas A. Lutz[5] · Elena Osto[3,4,6] · Urs Zingg[1]

Omega vs proximalen RY- Magenbypass



Laparoscopic Roux-Y-gastric bypass versus laparoscopic one-anastomosis gastric bypass for obesity: clinical & metabolic results of a prospective randomized controlled trial

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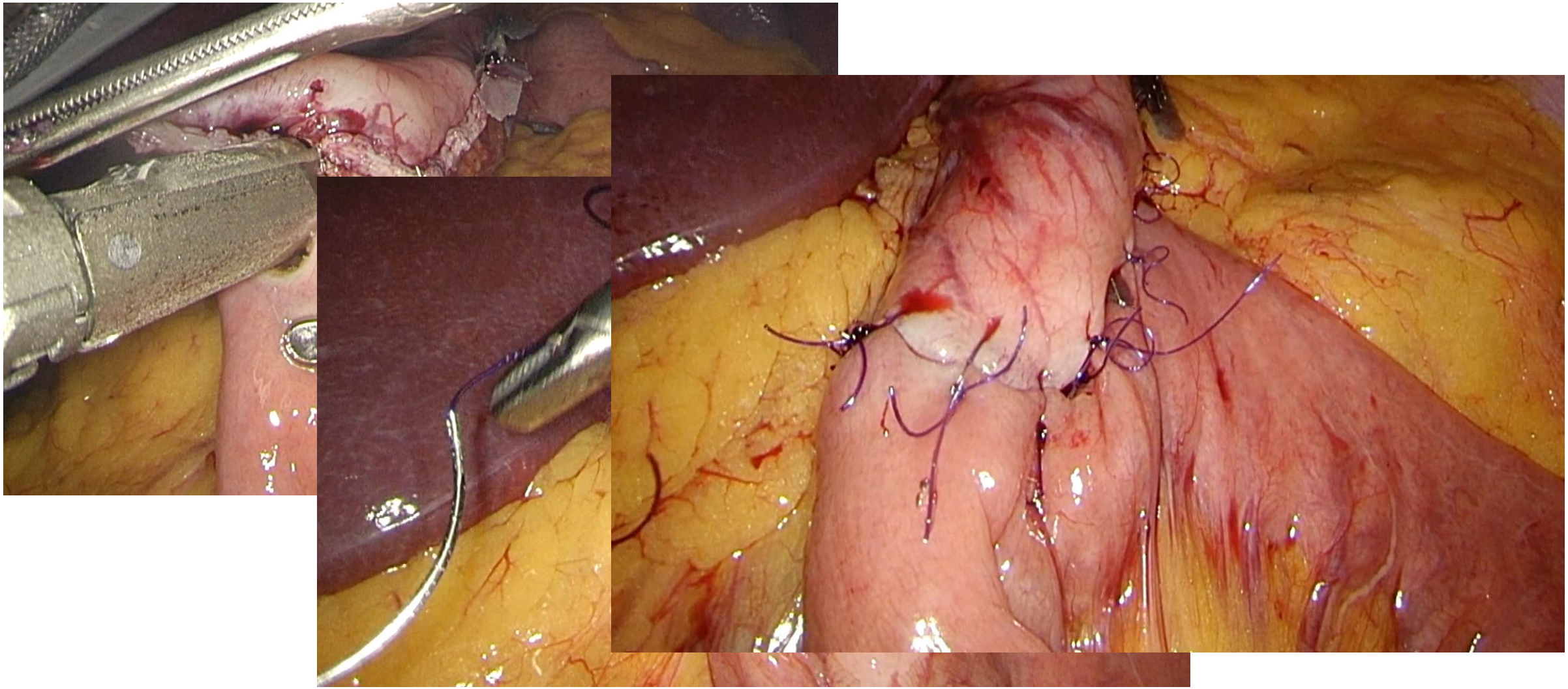
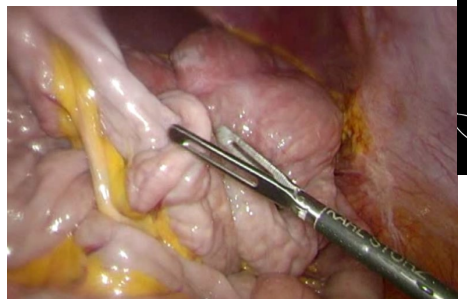
Omega Magenbypass

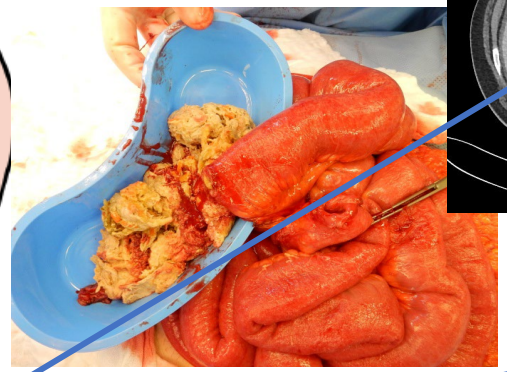


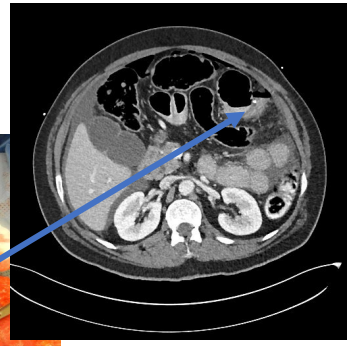
Invagination



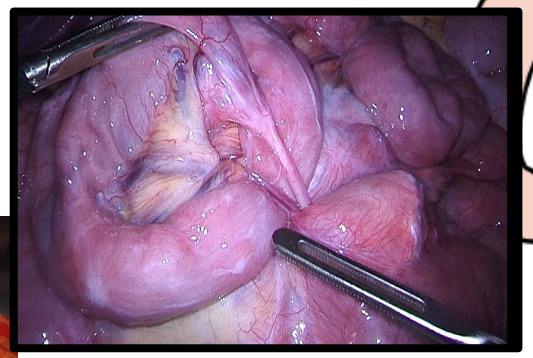
Biliärer Reflux

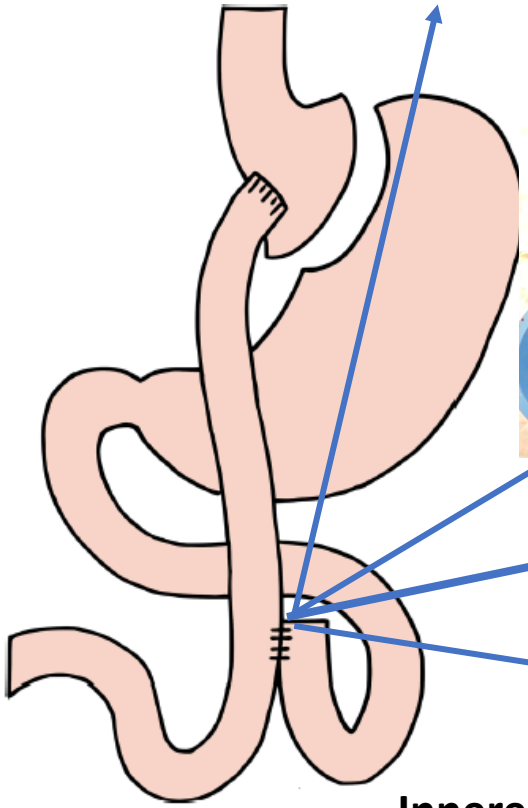
Bezoare

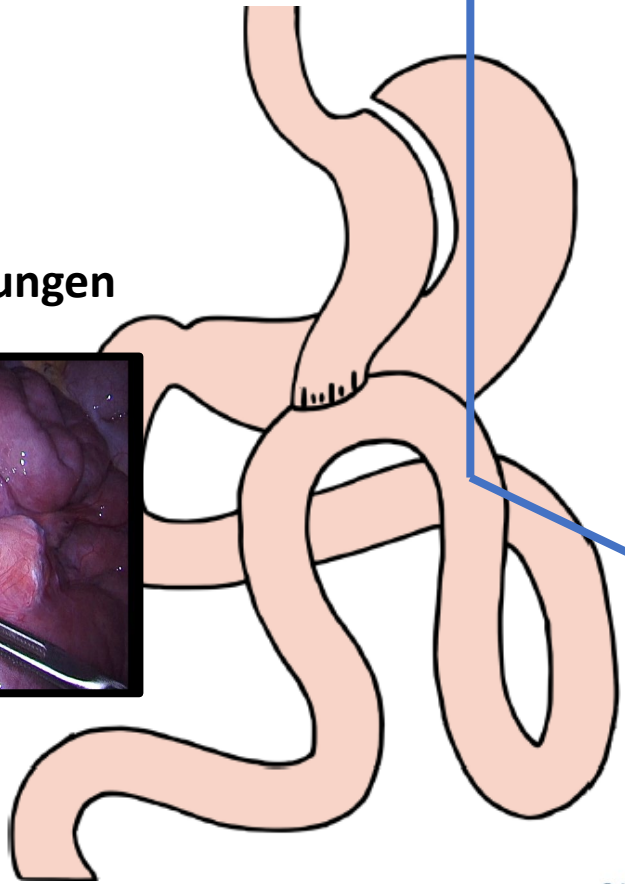




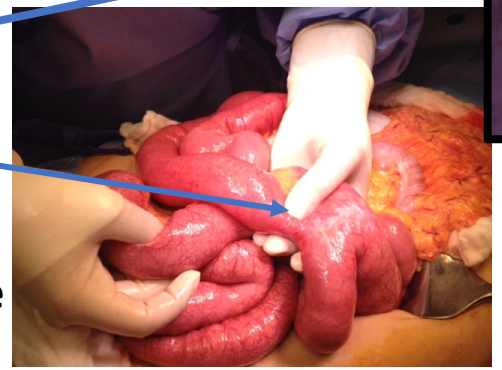
Verwachsungen







Malnutrition



Innere Hernie

spitallimmattal

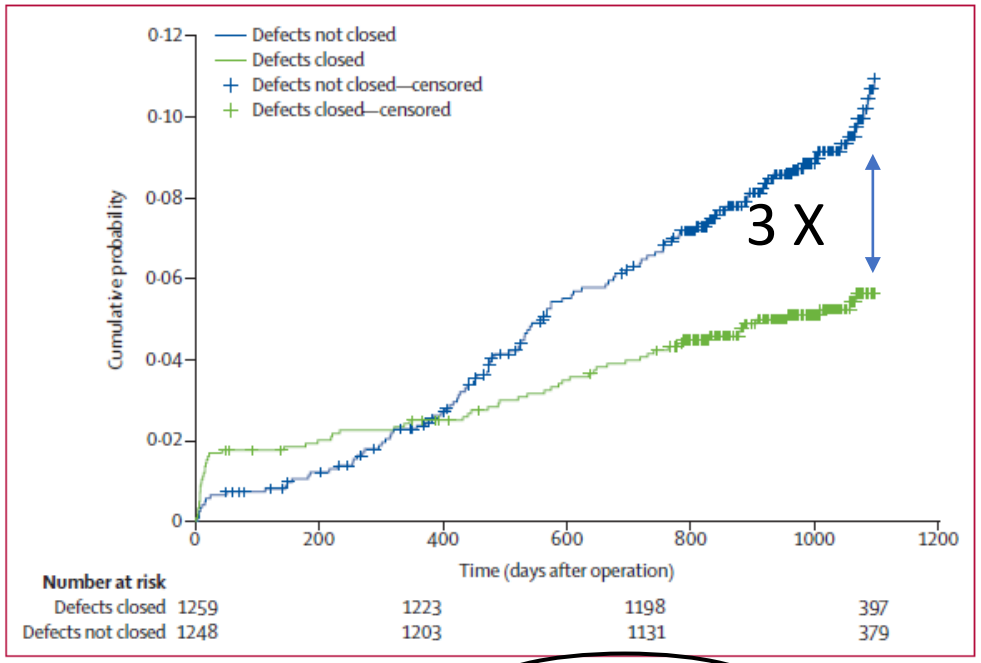


Figure 2: Cumulative probability of reoperation because of small bowel obstruction

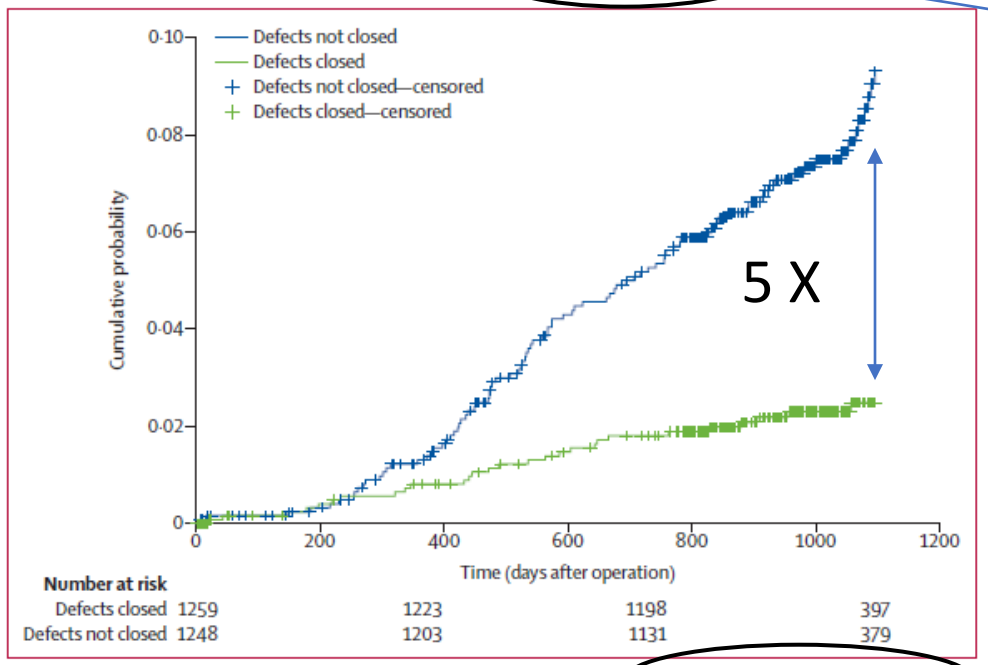


Figure 3: Cumulative probability of reoperation because of small bowel obstruction due to internal hernia

Closure of mesenteric defects in laparoscopic gastric bypass: a multicentre, randomised, parallel, open-label trial

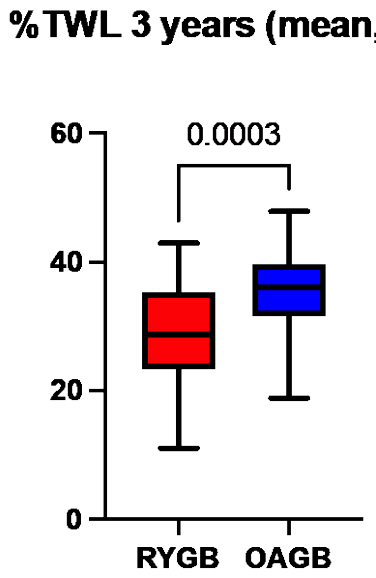
Erik Stenberg, Eva Szabo, Göran Ågren, Johan Ottosson, Richard Marsk, Hans Lönroth, Lars Boman, Anders Magnuson, Anders Thorell, Ingmar Näslund

	Days 0–30		After day 30	
	Defects not closed	Defects closed	Defects not closed	Defects closed
Kinking of jejunojejunostomy/narrow anastomosis	3	16	2	0
Internal hernia	2	1	89	27
Beneath jejunojejunostomy	2	1	58	18
Petersen's space	0	0	24	8
Combined or undefined internal hernia	0	0	7	1
Adhesions	2	2	7	11
Incisional hernia	1	2	1	0
Intussusception	0	0	2	4
Unknown reason	0	0	1	1

Table 3: Causes of small bowel obstruction

Omega vs Proximalen RY- Magenbypass

	RYGB	Omega	P
%TWL 1 Jahr	31.5 (7.1)	37.4 (6.1)	**0.0004**
%TWL 3 Jahre	28.8 (7.7)	35.4 (6.8)	**0.0003**



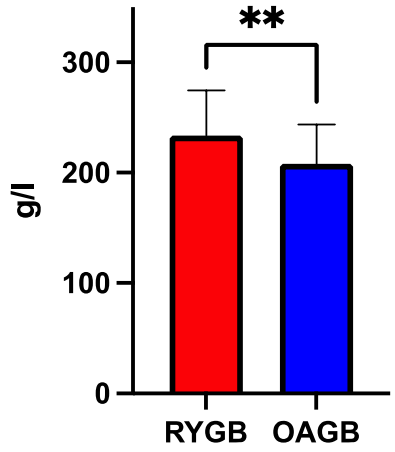
Laparoscopic Roux-Y-gastric bypass versus laparoscopic one-anastomosis gastric bypass for obesity: clinical & metabolic results of a prospective randomized controlled trial

Tarik Delko[1,2,7] · Marko Kraljević[1] · Ioannis I. Lazaridis[1,2] · Thomas Köstler[1] · Anne Jomard[3,4] · Amy Taheri[3,5] · Thomas A. Lutz[5] · Elena Osto[3,4,6] · Urs Zingg[1]

Omega vs Proximalen RY- Magenbypass

Mean prealbumin (g/d) (SD)

	RYGB	OAGB	P
Baseline	307 (34.2)	313 (45.6)	0.556
1 Jahr	257 (57.7)	212 (65.2)	**0.003**
3 Jahre	234 (40.9)	208 (35.6)	**0.008**



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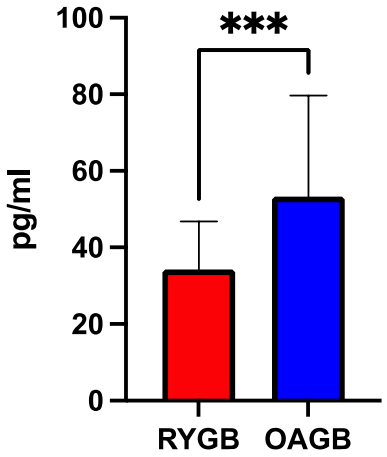
Omega vs Proximalen RY- Magenbypass

Mean Parathormon (pg/ml) (SD)

	RYGB	OAGB	P
Baseline	39 (13.5)	44 (15.3)	0.353
1 Jahr	28 (11.6)	38 (16.5)	**0.005**
3 Jahre	34 (12.5)	53 (26.5)	**0.001**

Parathormon 3 Jahre postoperativ



Laparoscopic Roux-Y-gastric bypass versus laparoscopic one-anastomosis gastric bypass for obesity: clinical & metabolic results of a prospective randomized controlled trial

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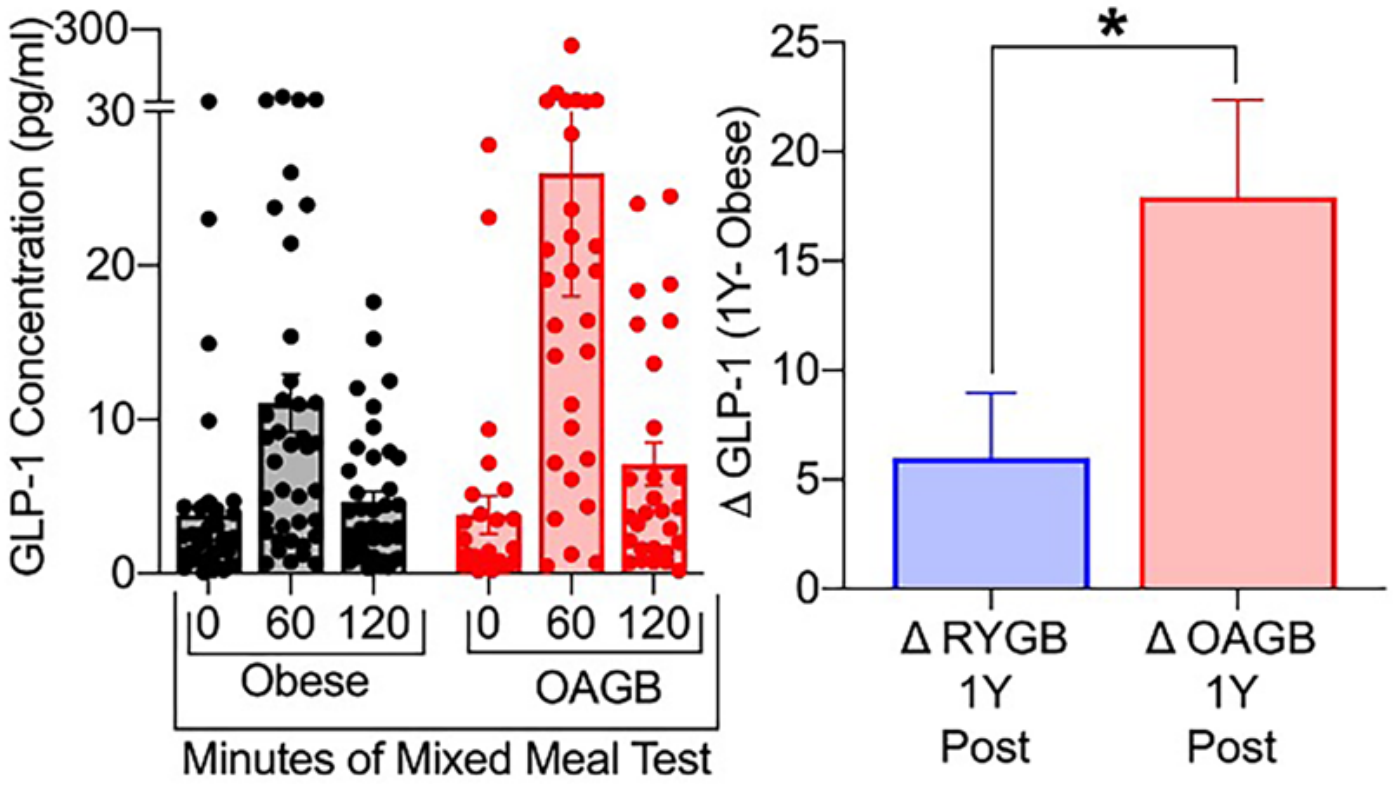
Omega vs proximalen RY- Magenbypass nach 1 Jahr

Metabolische Effekte
GLP-1



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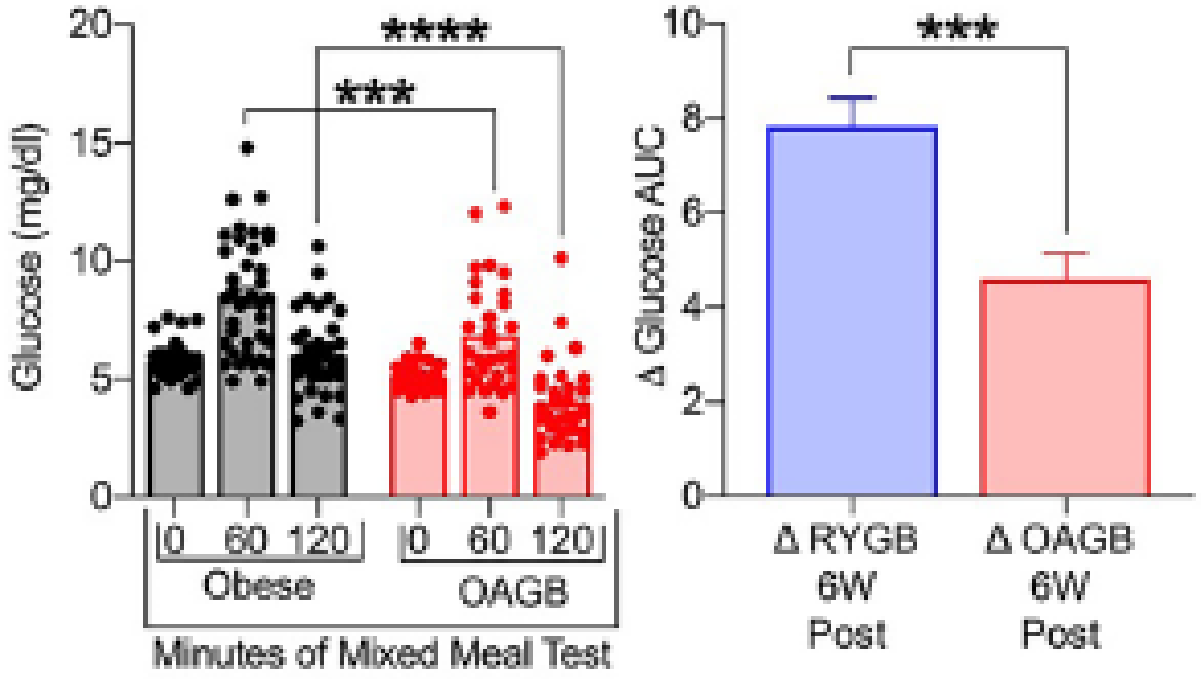
Omega vs Proximalen RY- Magenbypass nach 1 Jahr

Metabolische Effekte:
GLUCOSE



Laparoscopic Roux-Y-gastric bypass versus laparoscopic one-anastomosis gastric bypass for obesity: clinical & metabolic results of a prospective randomized controlled trial

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Omega vs Proximalen RY- Magenbypass nach 3 Jahr

Morbidität

	RYGB	OAGB	P
small bowel obstruction	1 (2.5)	0 (0)	1.000
anastomotic stenosis	1 (2.5)	2 (5.1)	0.615
marginal ulcer	4 (10)	11 (28.2)	**0.048**
internal hernia	2 (5)	0 (0)	1.000
dumping	5 (12.5)	3 (7.7)	0.712
insufficient weight loss/weight regain	4 (10)	0 (0)	0.05
chronic abdominal pain	1 (2.5)	1 (2.6)	1.000
de novo reflux symptoms	1 (2.5)	4 (10.3)	0.200
total	18	21	0.128

Laparoscopic Roux-Y-gastric bypass versus laparoscopic one-anastomosis gastric bypass for obesity: clinical & metabolic results of a prospective randomized controlled trial

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Functional Changes in the Stomach and Esophagus after One Anastomosis Gastric Bypass- OAGB-BiFlux Trial

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Primary Endpoint

Ulcer rate in the area of the gastrointestinal anastomosis, and the analysis of predictive factors for the development of an ulcer after 2 and 5 years

Secondary Endpoints

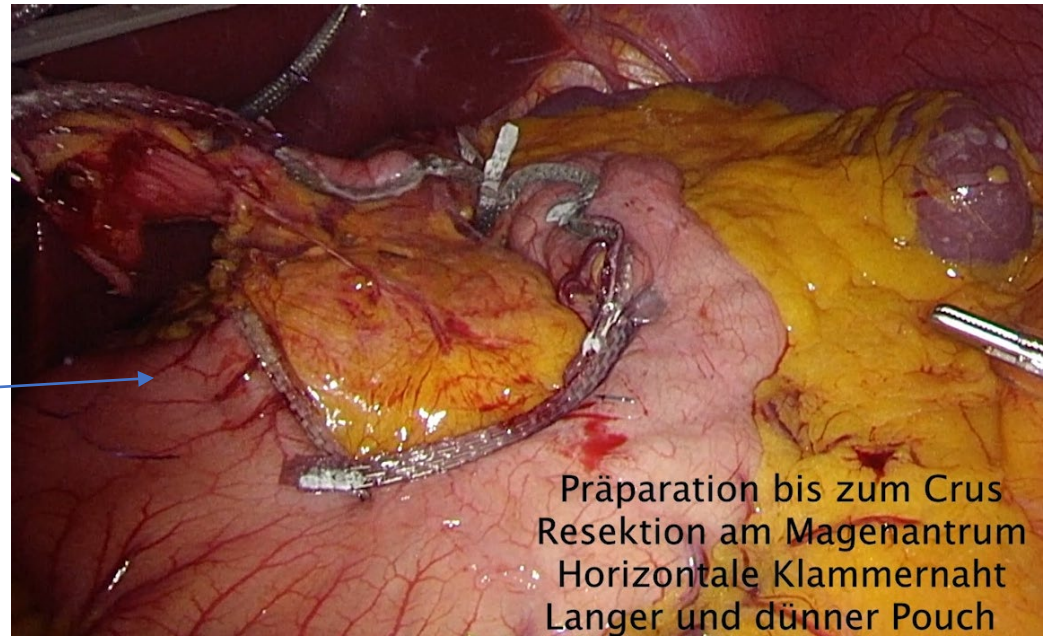
-weight loss % at 2 and 5 years

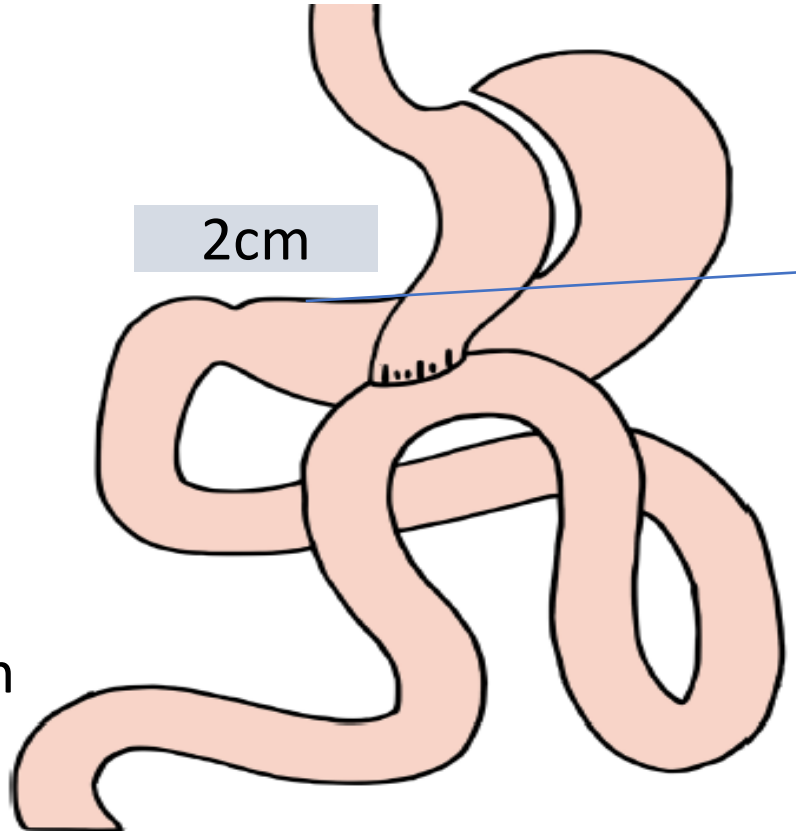
-changes in the esophagus or stomach detected by gastroscopy (macroscopic characterization using Los Angeles classification), tissue Biopsies, high-resolution manometry and impedance multi-channel pH metry

-Mortality , Morbidity

Functional Changes in the Stomach and Esophagus after 1 One Anastomosis Gastric Bypass- OAGB-BiFlux Trial

5-7 (45/60mm Stapler)
dissection Antrum





Max 200cm

Min:350 cm

Gewichtsrebound

<u>Patientenbezogen</u>:
C2, Binge- Eating zu Grazing, Bewegungsmangel, Antidepressiva → 1.Ernährungspsychologie
2. GLP-1/ Chirurgie

Methodisch → 1. GLP-1/ Chirurgie

Technisch
- Sleeve: Antrum- Fundusüberschuss, Stenose → 1. Chirurgie/GLP-1
- Magenbypass: Fistel, Dilatation der Gastroenterostomie → 1. Chirurgie/GLP-1

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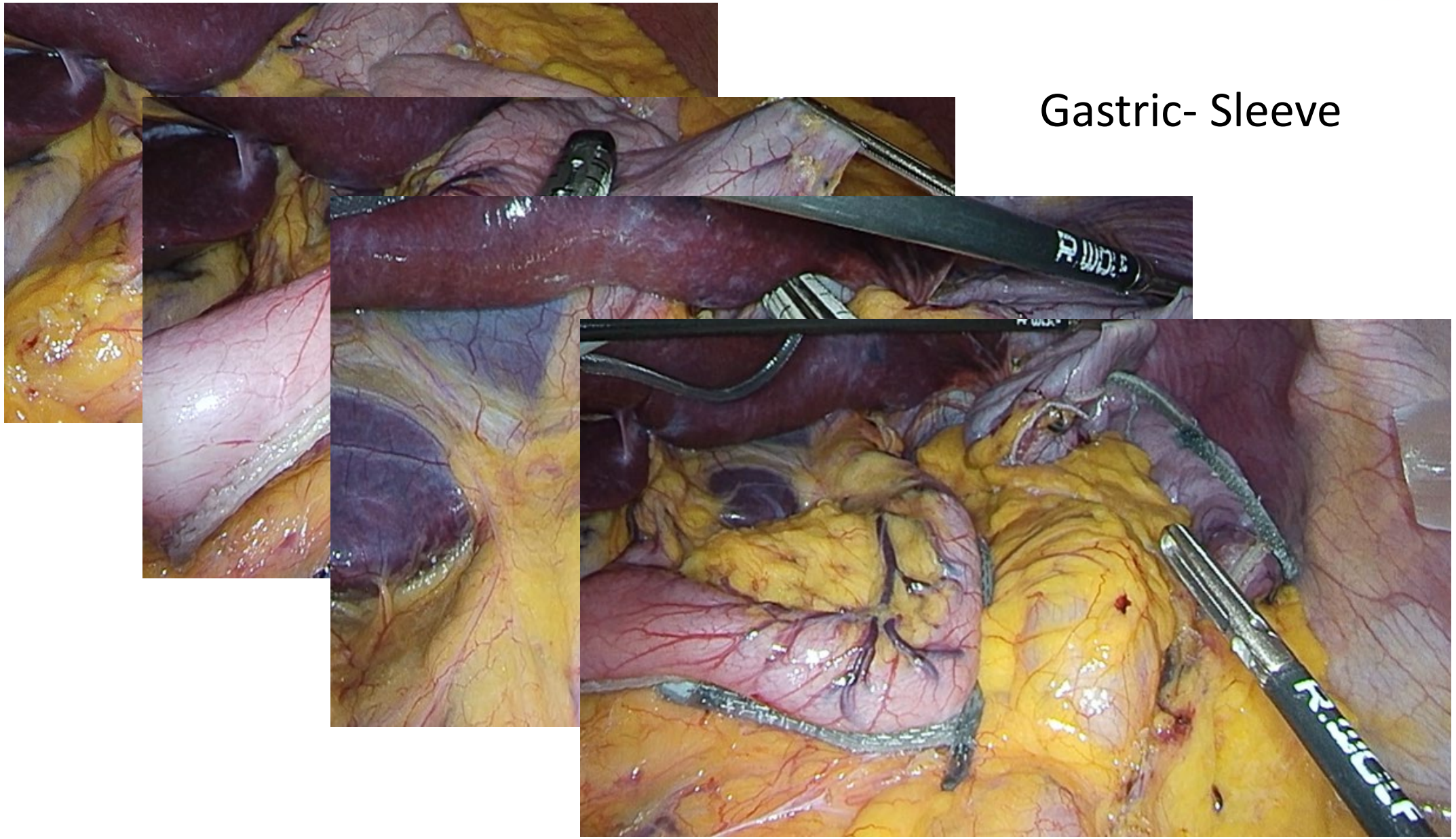
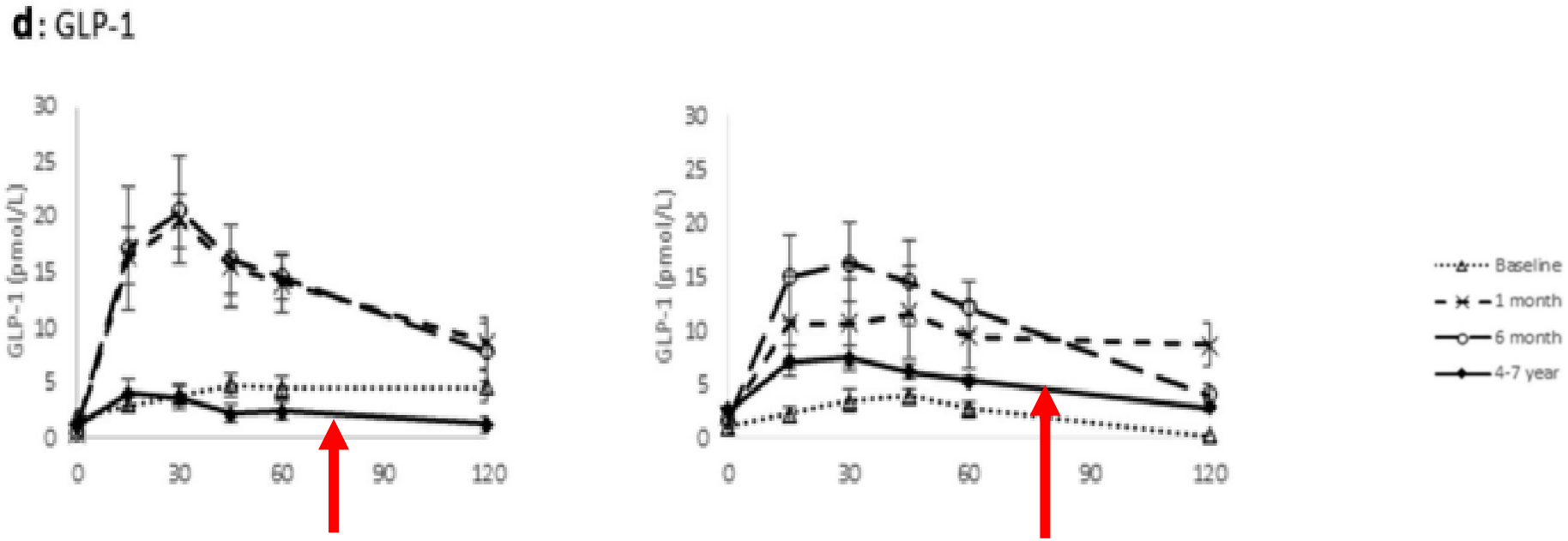
Gastric- Sleeve



Langzeitresultate

GLP-1 postpradial : Sleeve vs RY-Magenbypass



Effect of Laparoscopic Sleeve Gastrectomy on Static and Dynamic Measures of Glucose Homeostasis and Incretin Hormone Response 4-Years Post-Operatively

Thinzar Min[1,2] · Sarah L. Prior[1] · Rachel Churm[1] · Gareth Dunseath[1] · Jonathan D. Barry[3] · Jeffrey W. Stephens[1,3,4]

Gewichtsrebound

GLP-1 Ra bei Gewichtsrebound >15%
Follow up 6 Monate

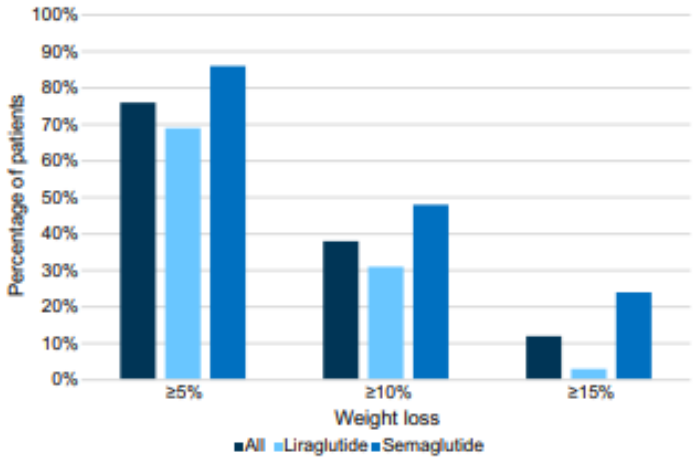


Fig. 3 Histogram of percentage of patients with ≥5%, ≥10%, and ≥15% weight loss following 6 months of GLP1-RA treatment (*N*=50)

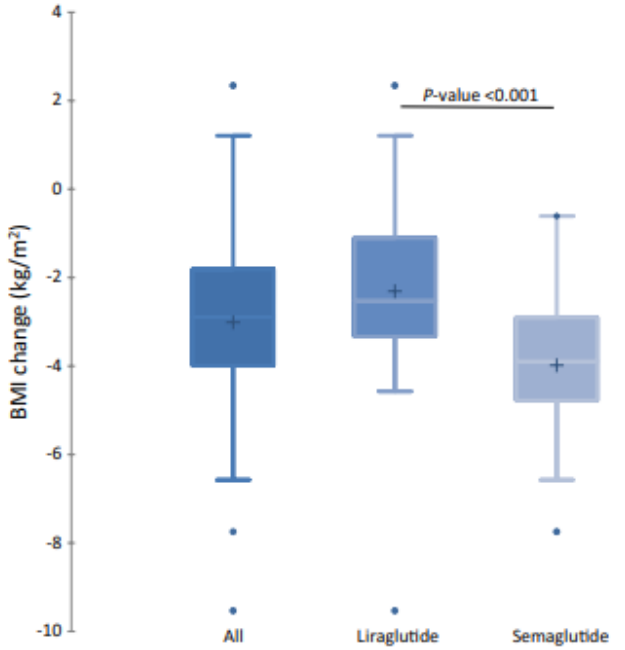


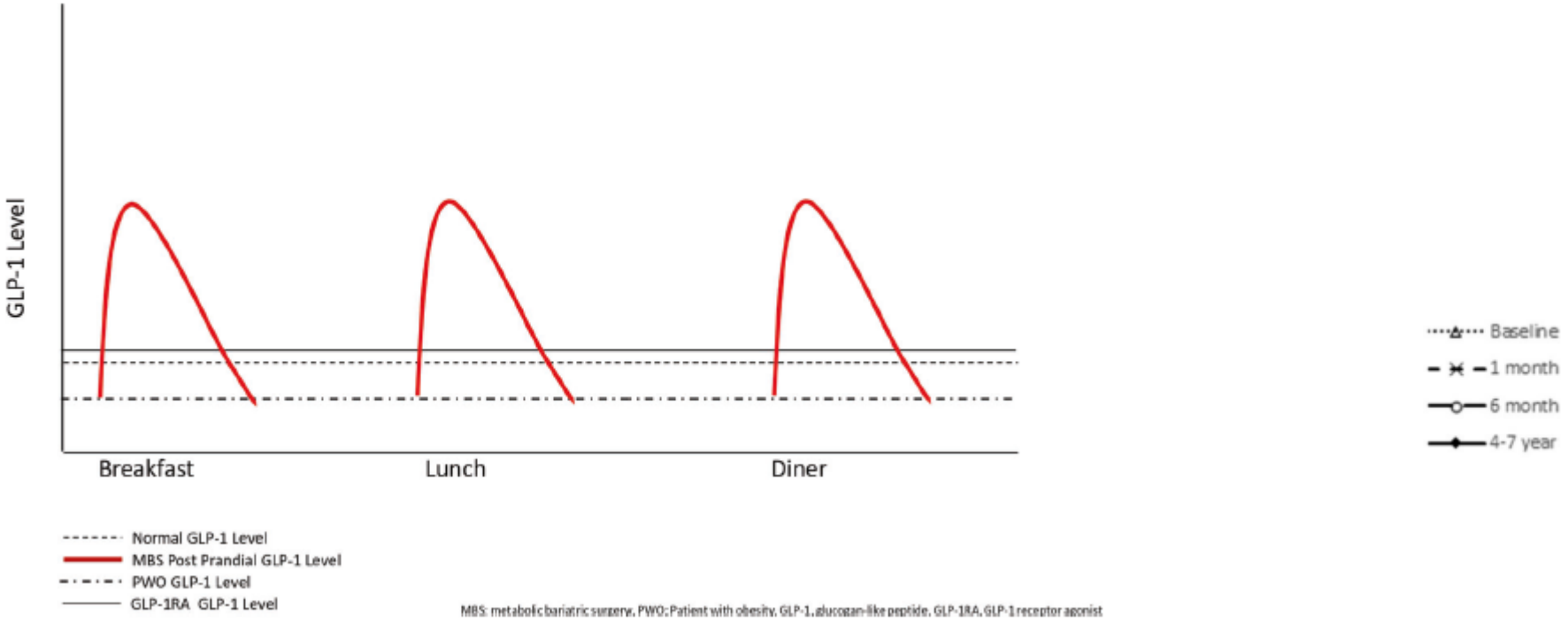
Fig. 4 Box plot showing the change in BMI following 6 months of GLP1-RA therapy (*N*=50), further stratified by liraglutide (3.0 mg [*n*=28] and 1.8 mg [*n*=1], daily subcutaneous injection) and semaglutide (1.0 mg, weekly subcutaneous injection [*n*=20] or 14 mg, daily oral intake [*n*=1])

Efficacy of the Glucagon-Like Peptide-1 Receptor Agonists Liraglutide and Semaglutide for the Treatment of Weight Regain After Bariatric surgery: a Retrospective Observational Study

Anders Boisen Jensen[1] · Frida Renström[1] · Stefan Aczél[1] · Patrick Folie[2] · Magdalena Biraima-Steinemann[2] Felix Beuschlein[3,4] · Stefan Bilz[1]

Gewichtsrebound

GLP-1 RA plus Magenbypass?



MBS: metabolic bariatric surgery, PWO: Patient with obesity, GLP-1, glucagon-like peptide, GLP-1RA, GLP-1 receptor agonist

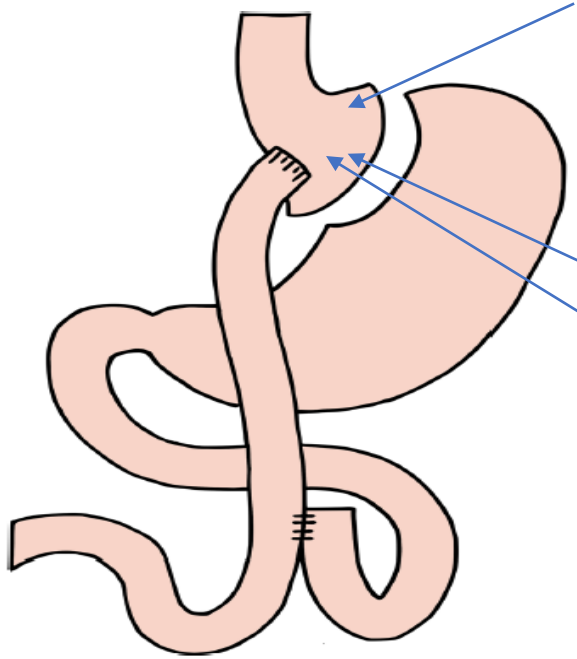
Bariatric Surgery

Post metabolic bariatric surgery weight regain: the importance of GLP-1 levels

Nursel Çalık Başaran[1], Idit Dotan[2,3] and Dror Dicker[3,4]

Chirurgische Optionen bei Gewichtsrebound

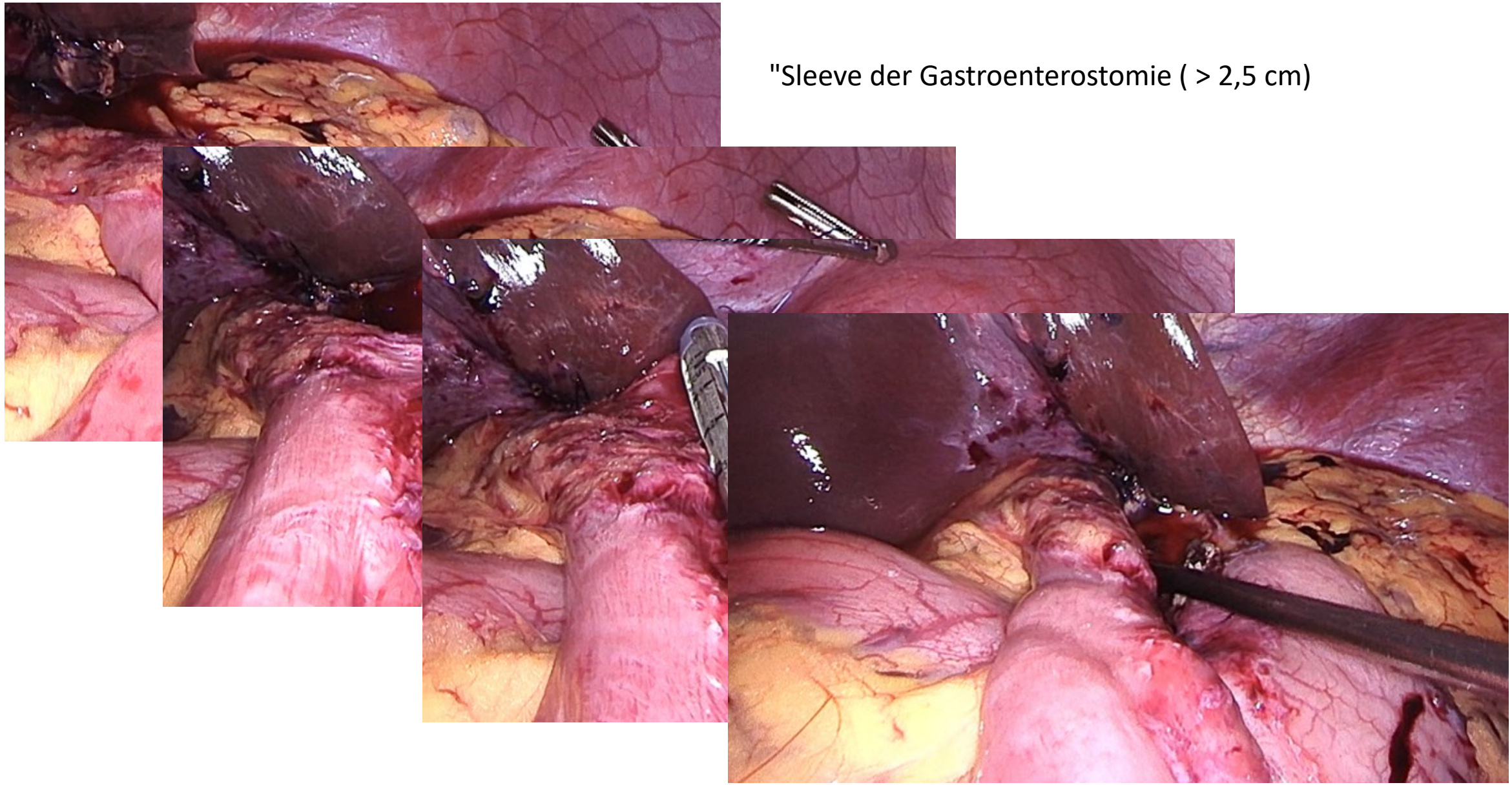
Verstärkung/Wiederherrstellung der Restriktion



"Pouchresizing"

Sleeve der Gastroenterostomie

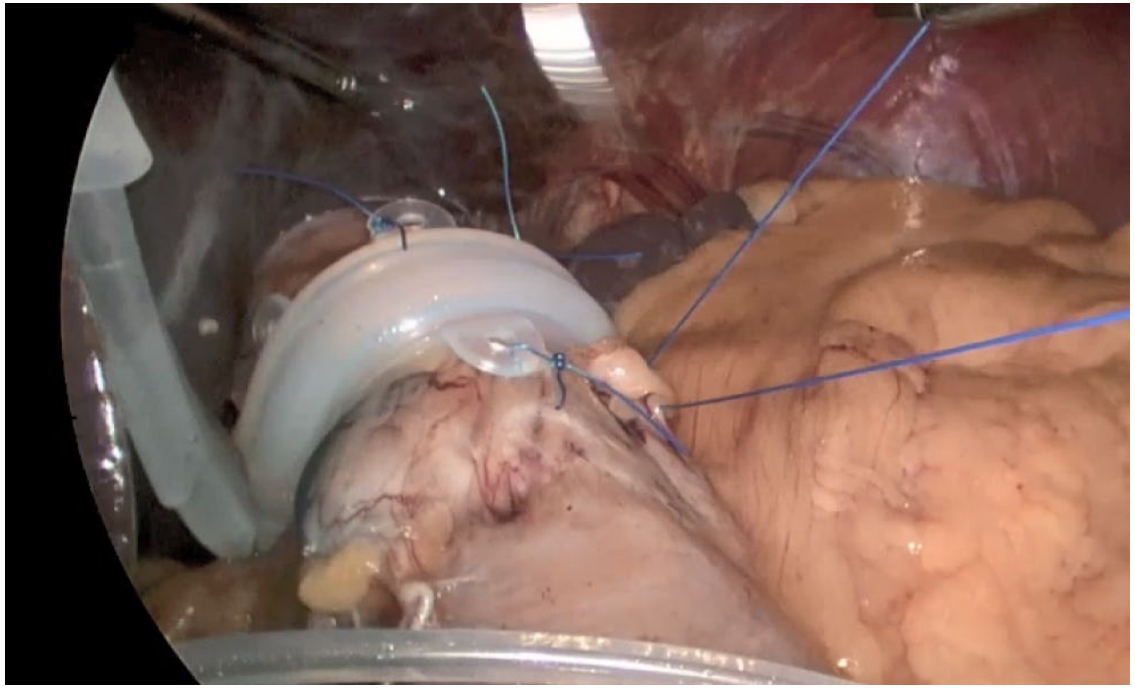
Banding des Magenpouches



"Sleeve der Gastroenterostomie (> 2,5 cm)

Verstellbares Magenband

Banding des Magenpouches



Revisional Adjustable Gastric Band in Roux-en-Y Gastric Bypass—Is It Worth It?

Ioannis I. Lazaridis [1] · Marko Kraljević [1] · Julian Süsstrunk [2] · Thomas Köstler [2] · Urs Zingg [2] · Tarik Delko [1]

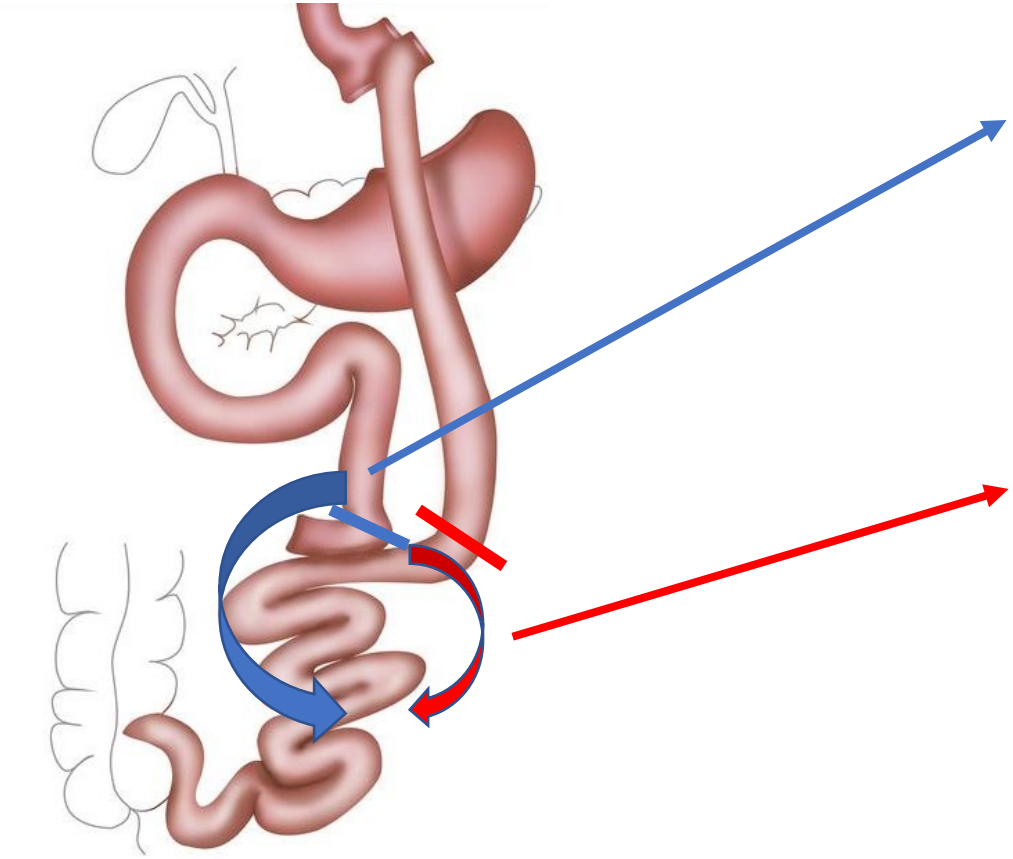
N=14, Follow up 3 Jahre nach Bandimplantation

	Mean BMI ± SD (kg/m2)	Mean %EWL ± SD
Before initial operation	45.3 ± 7.4	-
Before LAGB	35.0 ± 4.0	50 ± 16.7
At last FU	29.3 ± 6.3	82 ± 28.3
P value	<0,001*	<0.001*

BMI: body mass index, EWL: excessive weight loss, FU: follow up
** paired t-test*

Distalisierung des Magenbypasses

Verstärkung der Malabsorption/ Metabolik



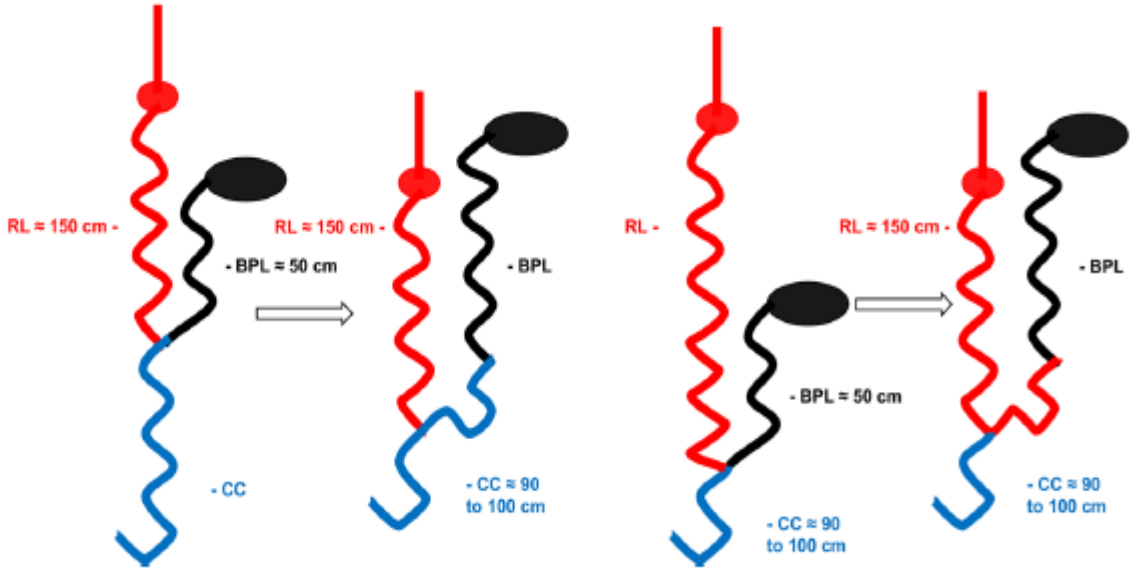
Distalisierung des biliären schenkels
AS+, BS= ,CC-, TAL=

Distalisierung des alimentären Schenkels
AS=, BS+, CC- TAL=

Distalisierung des Magenbypasses

Länge der Dünndarmschenkel : AL 150cm, CC 100cm

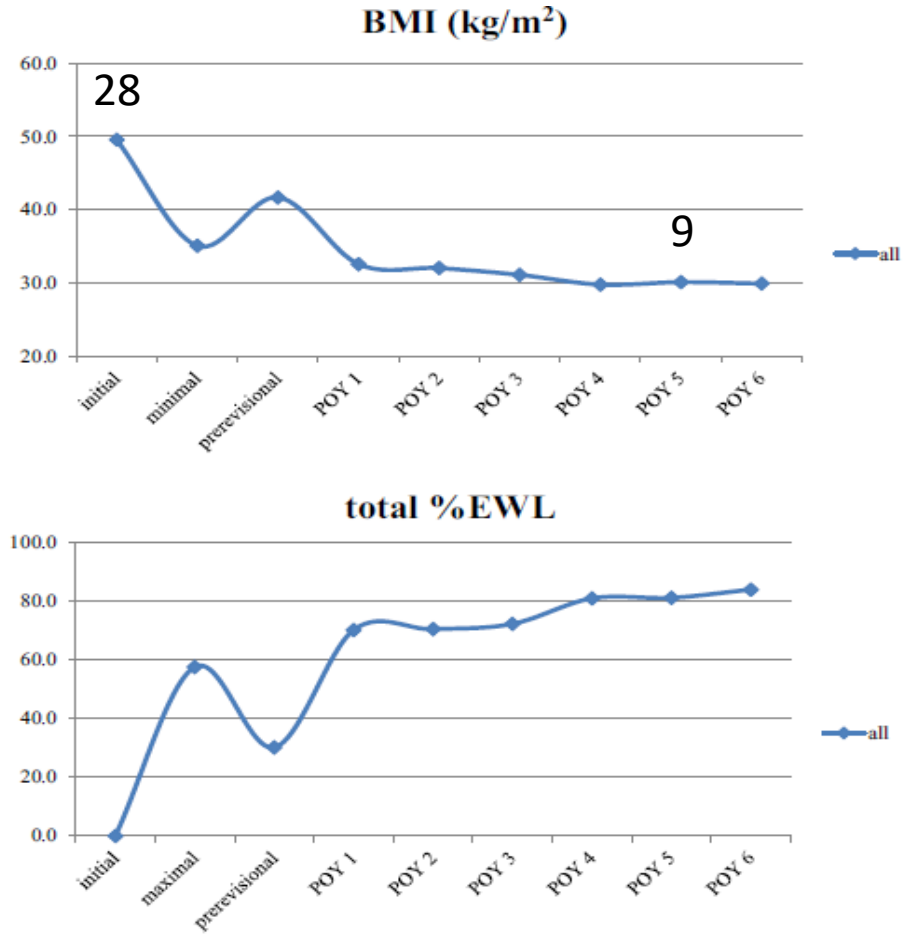
Fig. 1 Diagram of revisional procedures with conversion either from PRYGB or VVLL RYGB to BPL RYGB



Revisional Surgery for Insufficient Loss or Regain of Weight After Roux-en-Y Gastric Bypass: Biliopancreatic Limb Length Matters

Marko Kraljević[1] · Thomas Köstler[1] · Julian Süsstrunk[1] · Ioannis I. Lazaridis[2] · Amy Taheri[3] · Urs Zingg[1] · Tarik Delko[2]

Distalisierung des Magenbypasses



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Distalisierung des Magenbypasses

Table 1 Early and late surgery–related morbidity and mortality according to the Clavien-Dindo classification over the study period

Grade	Complication type	< 30 days	> 30 days
I	Incisional hernia	0	1
II	Pneumonia	1	0
II	Hypoalbuminemia*	0	2
II	Severe steatorrhea**	0	4
III	Surgical site infection	5	0
III	Bleeding	1	0
III	Small bowel obstruction	1	1
III	Incisional hernia	0	6
III	Internal hernia	0	1
III	Ulcer	0	2
III	Hypoalbuminemia*	0	6
III	Severe steatorrhea**	0	2
IV	Leak	0	0
V	Death	0	0

*Albumin < 30 g/L; **Required further therapy

Revisional Surgery for Insufficient Loss or Regain of Weight After Roux-en-Y Gastric Bypass: Biliopancreatic Limb Length Matters

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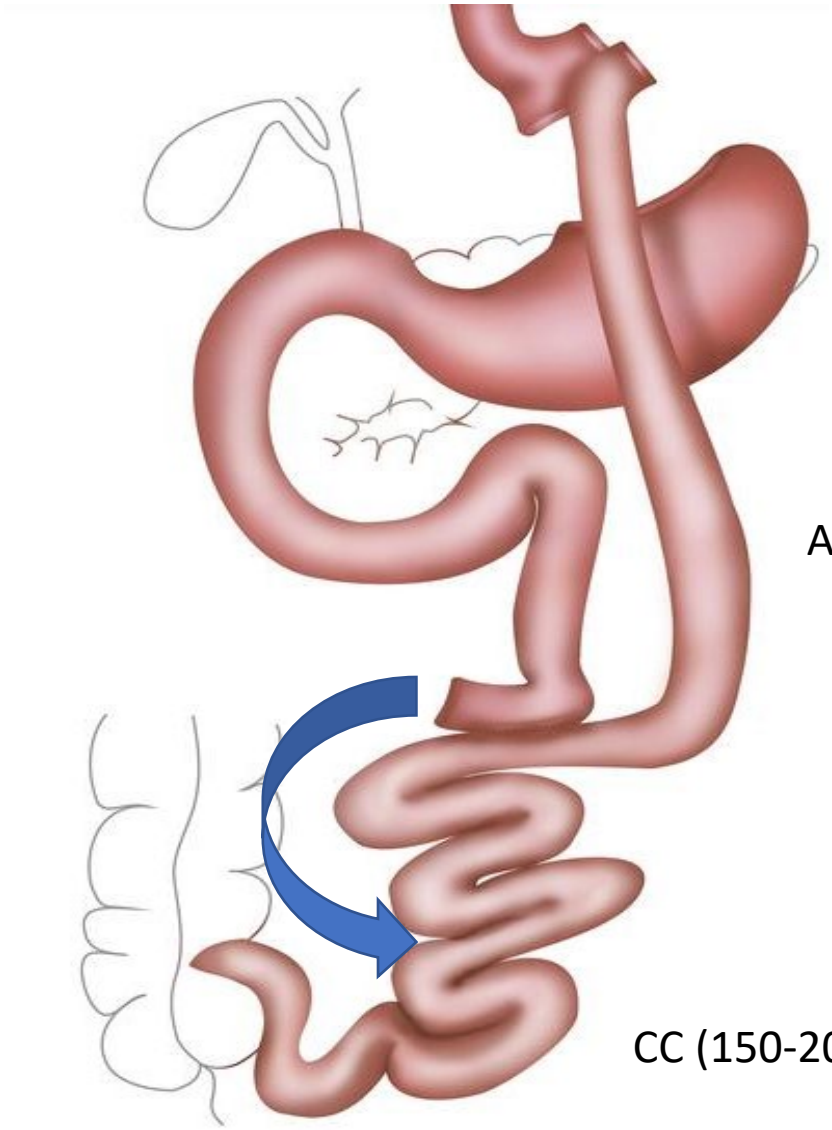
Distalisierung des Magenbypasses



AS 150cm

CC (150-200cm)

TAL: 300-350cm

Langzeitresultate: Ulcera

Years	Patients at risk	marginal ulcers diagnosed	% not affected
0	**568**	**0**	**100**
1	**481**	**36**	**93.5**
2	**359**	**20**	**89.1**
3	**233**	**20**	**83.5**
4	**160**	**4**	**81.9**
5	**93**	**4**	**79.5**
6	**26**	**2**	**77.2**

Incidence and Prognostic Factors for the Development
of Symptomatic and Asymptomatic Marginal Ulcers After Roux-en-Y Gastric Bypass Procedures
Julian Süsstrunk1,2 & Lara Wartmann3 & Diana Mattiello1 & Thomas Köstler1 & Urs Zingg1

Langzeitresultate: Ulcera

Table 3 Multivariate logistic regression of potential prognostic factors for the development of marginal ulcers

Covariates	HR	95% CI	*p* value
HbA1c	1.18	1.00–1.40	0.045
Current smoker	2.65	1.64–4.23	< 0.001
Alcohol consumption 2–3× weekly	1.40	0.88–2.24	0.157
Alcohol consumption daily	1.67	0.74–3.76	0.216
Non-steroidal anti-inflammatory drugs	1.05	0.52–2.13	0.891
Corticosteroids	1.63	0.61–0.75	0.218
OSAS	1.21	0.76–1.92	0.422
Anticoagulants	1.60	0.86–2.99	0.139

HR hazard ratio, *CI* confidence interval, *OSAS* obstructive sleep apnea syndrome

40% Routine- Gastroskopie nach 5 Jahre

24,4% asymptomatische Ulceras

88,4 % konservativ behandelt, 11,6 % operativ

Incidence and Prognostic Factors for the Development
of Symptomatic and Asymptomatic Marginal Ulcers After Roux-en-Y Gastric Bypass Procedures
Julian Süsstrunk1,2 & Lara Wartmann3 & Diana Mattiello1 & Thomas Köstler1 & Urs Zingg1

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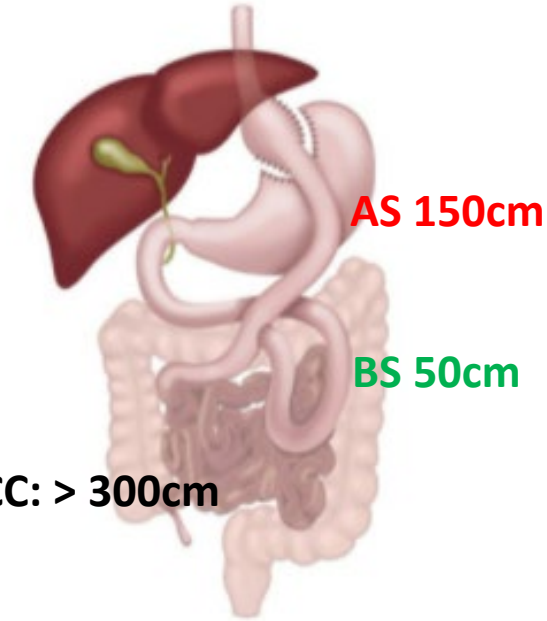
Proximaler RY-Magenbypass



Roux-en-Y-Magenbypass
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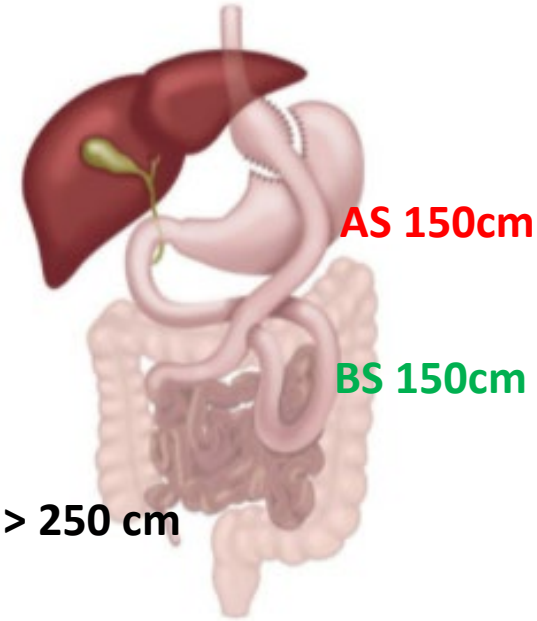
CC: > 300cm

Metabolischer RY-Magenbypass



Roux-en-Y-Magenbypass
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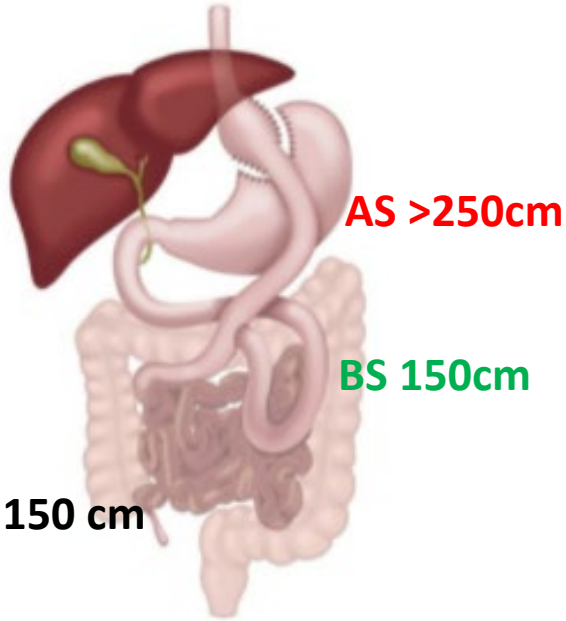
CC: > 250 cm

"LL" RY-Magenbypass



Roux-en-Y-Magenbypass
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CC: 150 cm

Malabsorption/ Metabolik

Welcher Eingriff für welchen Patienten?

BMI>45

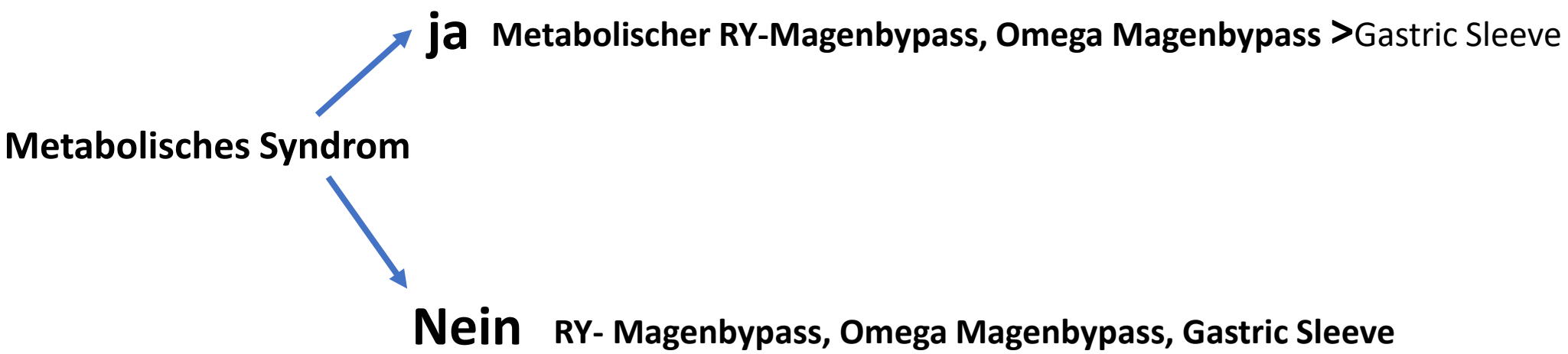
Malabsorptiver, metabolischer RY-Magenbypass, Omega Magenbypass > Proximaler RY-Magenbypass **>** Gastric Sleeve

BMI<45

Proximaler RY-Magenbypass, metabolischer RY-Magenbypass, Omega Magenbypass> Gastric Sleeve

Welcher Eingriff für welchen Patienten?

Metabolischer Status



Welcher Eingriff für welchen Patienten?

Symptomatische Refluxerkrankung

RY-Magenbypass > Gastric Sleeve

Welcher Eingriff für welchen Patienten?

Essgewohnheiten (Sweet-Eating, Binge Eating, Big Eating, Fat-Eating)

Sweet Eating	**Omega Magenbypass, RY-Magenbypass**> Gastric Sleeve
Binge Eating	**Gastric Sleeve >** Omega Magenbypass**>** RY- Magenbypass **Cave: Oftmals Suchtverlagerung posoperativ, z.B Alkohol**
Big Eating	**Gastric Sleeve > Omega Magenbypass > RY-Magenbypass**

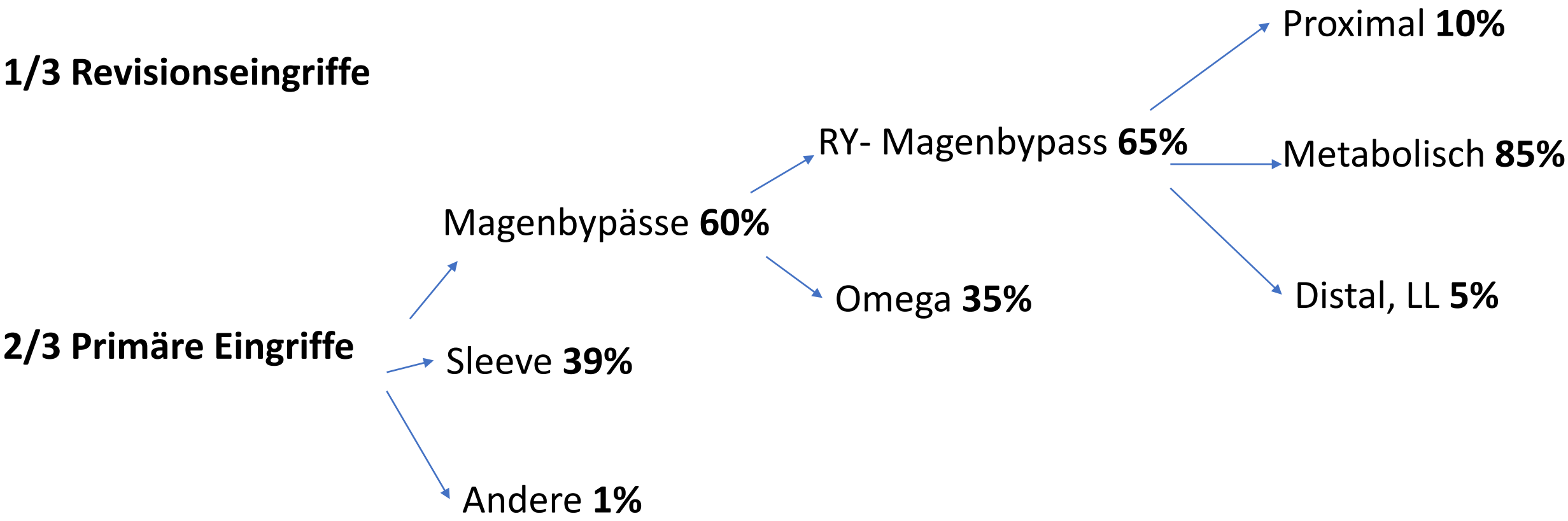
Welcher Eingriff für welchen Patienten?

Psychiatrische Erkrankungen *(Borderline, (Depression), ADHS)* **oder schlechte Compliance**

Gastric Sleeve> RY-Magenbypass ,Omega Magenbypass

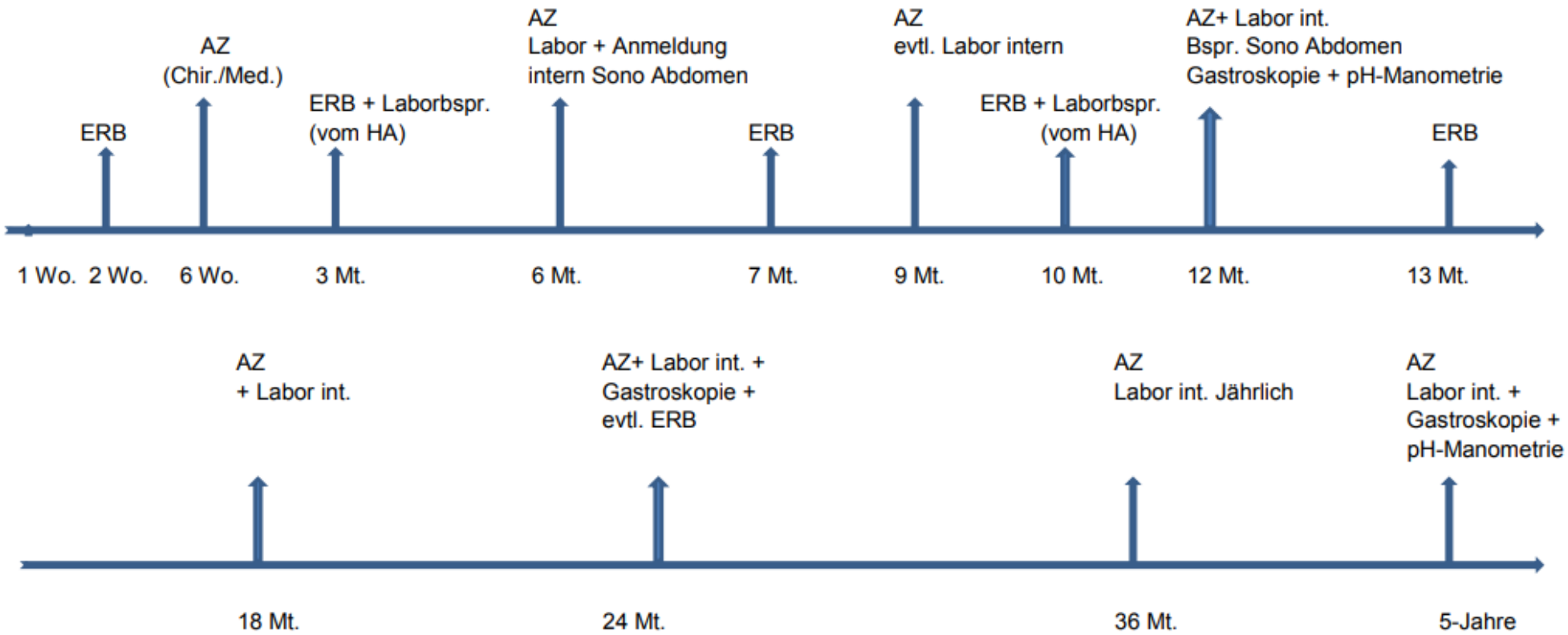
Cave Borderline: Häufig assoziiert mit Bulimie

Magenbypass heute am Adipositaszentrum Limmattal



ERB: Ernährungsberatung
AZ: Adipositaszentrum Sprechstunde
HA: Hausarzt

Nachkontroll-Schema Bariatrie



- ✓ Malabsorptive Eingriffe alle 6 Monate lebenslang nach Schema
- ✓ Alle anderen Jährlich Lebenslang nach Schema
- ✓ Falls Refluxoesophagitis nach 2 Jahren Gastroskopie

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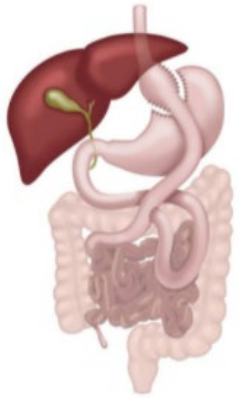

Roux-en-Y-Magenbypass
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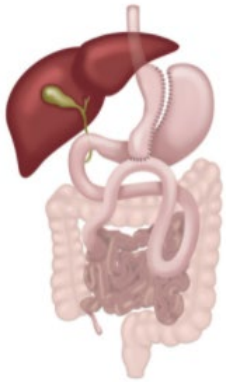

Omega Magenbypass
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	RYGB	OAGB	Pacebo	Semaglutide 2,4 mg
%TWL 1 Jahr	**31.5**	**37.4**		
%TWL 4 Jahre	**28.8**	**35.4**	**1,5**	**10,2**
140 Kg	**99 Kg**	**90 Kg**		**125 Kg**

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